15444

Frank H. Newell

Pikesville, Md.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15453

death.		ECEASED-NAME Type or print)	First rances		Middle Rebecce	600 P. S. S. S. S.	lost Uden	20. DATE OF	DEATH 12 Doy	7 886	2b. HOUR
r deat uneral 1 and er deat	3. SE			4. RACE	Ne Decem		DATE OF BIRTH	140	6. AGE (In years	1968	IF UNDER 24 HRS.
within 24 hours after death lely filled in by the funeral bon flape. Pages 1 and within 72 hour after death		Female		W	hite		Dec. 16, 18	96	lost highdoy) YRS.	MONTHS DAYS	HOURS MIN
10 P	70. F	BIRTHPLACE (State or fore	eign 76.	CITIZEN OF WH	IAT COUNTRY?		MEACY MONKHIED [	9, COUNTY OF			
24 h	.00	westmins	ter	U.S.A.		WIDOWED A	DIVORCED		imore		Md.
ithin on go within		CITY OR TOWN OF DEATH		give s	AME OF HOSPITAL OR INS	TITUTION (If not in	120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done line)  120. KIND OF BUSINESS OR INDUSTRY  Own home				
	10.	USUAL RESIDENCE (Where ission) STATE	a deceosed li	lived, if institution	6 21 - 1 T	13c CITY OR TOW	WN 13d INSIDE CITY LI	LIMITS? 13e. ST	REET AND NUMBER		
execution of campaigners and campaigners and every	14, [	FATHER'S NAME First		Middle	Lost		THER'S MAIDEN NAME F		Middle		lost
a Par		Edwin		K.	Gerna	nd	Henr	ietta		Par	ke
Signature of the state of the s		WAS DECEASED EVER IN (es, no er unknown)	U.S. ARMED F If yes give war or d	FORCES? dates of service)	166. SOCIAL SECURITY N 216-46-05			mles Ald		sville,	
ing ph Then Then remova	H						Alesis Par	LKe ATO	en,o wardr	APPROXI	IMATE INTERVAL
attending permit. Th an, ar remo		18. CAUSE OF DEATH ( PART I. DEATH WA	(Enter only on AS CAUSED BY: IMMEDIATE C	fe	ne for (o), (b), and (c).	1 1	mila	Ain			ONSET AND DEATH
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phys sign buric buric			LANT CONDITIE	ONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE	E TERMINAL DISEASE OR C	CONDITION GIVE	N IN PART 1(o)		
w re ling een the r ta	NO	4201									
The lay attend has be se as th pria	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WHI	ICH OPERATION WAS PER	REFORMED	YES NO	_	F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN C	ERTIFYING
ICIAN: The pital or at tificate he d far use of Health	DICAL CES	21o. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medico	USE OF DEATH	21b. TIME OF HOUR A.M. P.M.	FINURY Month Doy Yeor 19		NJURY OCCURRED (Enter	r noture of injur	ry in Port 1 or Port 2, !	item 18.)	
PHYSI he hast this cer letacher e Dept.	ME	21d. INJURY OCCURRED While Not while	21e. PLAC	CE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATIO	ION Street or R.F.D. No.		or Town	County	Stote
rrending ined by the OR: After the auld be de the State I		22a. I certify that saw the dece causes stated	(I) (this be	an (did) (	ended the decease (didaet) view the l	d fram 3/ 968 and th body after deal	at in (my) ( <del>out)</del> api th.	inian death	accurred on the do	te and hour	(I) ( <del>ws)</del> last and from the
OR AT be reto DIRECT ge 3 sh lied with		22b. SIGNATURE	FR	'Wil	luin	M.D. DEGREE		MED. DIRECTOR	STAFF PHYS. D 22c. I	N 14	68
O HOSPITAL Page 4 may O FUNERAL director, pag	,	22d. PHYSICIAN'S NAME (Type)	Alm.	ERTO	-WIAIF	+MS		4ing.		5 - M	Q.
Page 4 m O FUNER director, shauld b	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		CONTRACTOR STATE	CEMETERY OR CREA			ON (City or Town)	(County)	(Stote)
/X4	24	FUNERAL DIRECTOR	NOA	1.14,196	ADDRESS	Ridge Ce		BY REGISTRAR	sville 25b. REGISTRAR'S	Baltin	nore Md
30M REV. 1/68		Frank H. Ne	well	Pikesv			DATE NO			wees you	der !

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# and 2 deoth. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottenting physicion and completely filled in by the director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs off Rigote be executed within 24 hau cert **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death Poge 4 moy be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

15454 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Lost	2o. DATE (			2b. HOUR	
(	Type or print)	Altfe	ld.	Goldie	. 1	IMI		Month 7 7	28 Year	2:07	
3. 5	EX		4. RACE	002020		DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR		
	Femal	e -	Wh	ite		XXXXXXX	XXX	last birthday)	YRS. MONTHS DAY	rs Hours min	
	BIRTHPLACE (Stote or ntry)	foreign 7b	. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9. COUNTY O	OF DEATH			
34	LTIMORE.	MD	u.s.		WIDOWED	J		timore		M	
0.	CITY OR TOWN OF DE	RANDAL	LSTOUN STEEP	of Hospital or INS	TITUTION (If not			N (Kind of work d a life even if retir EWIFE	ed.) 12b. KIND (INDUSTRY	OF BUSINESS OR	
	USUAL RESIDENCE (V					OWN 138. INSIDE CI	Y LIMITS? 13e. 5	STREET AND NUMBE	R		
OIT	nission) STATE M	d.	13b. COUNTY	Balto.	Bal	to. YES	NOX	3108B V	voodford	1 Pl.	
4.	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAMI	First	Midd	le	Lost	
	LOU	IS		NATHAN		E.	STHER			SACHS	
60	. WAS DECEASED EVER	IN U.S. ARMED		b. SOCIAL SECURITY N		ORMANT		Addre			
	Yes, no osunknown)	(ii ) 42 give war or	acres or servicey		MR.	JOSHUA AL	TFELD.	3108 B WC			
	18. CAUSE OF DEA	TH (Enter only o	ne couse per line fo	or (o), (b), ond (c).	9 0	. 11	11			OXIMATE INTERVAL N ONSET AND DEATH	
	PART 1. DEATH	WAS CAUSED B'	1: 174	teriorel	erotte	Heart	Jula	le		years	
	4129	IMMEDIATE	CHOSE (0)	CONSEQUENCE OF			·			1	
	Conditions, if ony,	which gove)		CONSEQUENCE OF					1	,	
	rise to immediate stating the underl	couse (o),	(b) DUE TO, OR AS A	CONSEQUENCE OF							
	lost.	ying couse	(c)								
	PART 2. OTHER SIG	NIFICANT CONDIT		G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE (	RCONDITION GIV	EN IN PART 1(o)			
erup.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
CERTIFICATION	190. DATE OF OPERAT	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS								CERTIFYING	
E	174					YES NO	CAUS	ES OF DEATH?			
	210. ACCIDENT WAS		21b. TIME OF IN.	JURY	21c. HOV	INJURY OCCURRED (E	nter noture of in	jury in Port 1 or Po	ort 2, Item I8.)		
MEDICAL	OR CONTRIBUTING [			Nonth Doy Year							
MED	21d. INJURY OCCUR	RED 21e, PL/	CE OF INJURY / AT	HOME, FARM, STREET, FAC		ATION Street or R.F.D.	No. Ci	ty or Town	County	Stote	
	While Not while of work	e 🗌	\ OFF	ICE BUILDING, ETC.	/						
			asnital) attend	ed the decease	od from A	Carina 19	68 to	nov. 28	1962 th	at (1) (wa) la	
	saw the d	eceased alive	an no	F 23	968, and	CARRINA , 19 Mat in (nuy) (our) o	pinian death	accurred an th	e date and hau	ur and fram th	
	causes sta	ted abave, (	) ( <del>we)</del> ( <del>did)</del> (die	d nat) view the l	bady after de	ath.					
	22b. SIGNATURE	in &	aldster	in. M.	D DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	68	
	22d. PHYSICIAN'S NAME (Type)	MARVI	N Go	LOSTE	IN	22e. ADDRESS P	PRK HA	EIGHTS	AVE E	BALTO, A	
30	BURIAL, CREMATION	23b. DAT	E	23c, NAME OF	CEMETERY OR CI	REMATORY	23d. LOCA1	ION (City or Town)	(County)	(Stote)	
	REMOVAL (Specify)	11-9	9-68	BNAT I	SRAEL		BALT	IMORE, MA			
24.	FUNERAL DIRECTOR			ADDRESS		250- REC'	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATURE		
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CERTIFICATE OF DEATH

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		ECEASED-NAME lype or print)	ALEXINE	LURAY	AMERICA	Nov Month 23	Doy 1978 8 6 32 N
	3. SE	FEMALE	4. RACE	VEGRO	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. (RS.
	7o. E	BIRTHPLACE (State or fo	reign 7b. CITIZEN OF W	/	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH	
ŀ	10. (	ITY OR TOWN OF DEAT	Н 11.1	NAME OF HOSPITAL OR INSTITUT	ION (If not in hospital 120.	Baltimore Co USUAL OCCUPATION (Kind of work do	one 12b. KIND OF BUSINESS OR
l		lount Wil	son Mt	street oddress) Wilson St	Hosp durin	g most of working life, even if retire	industry
	13o. odmi		bre deceosed lived, if institution in the country of the country o	otion: Residence before 13c.	SPRING YES S	TTY LIMITS? 13e. STREET AND NUMBER	ENWICK LANE
	14, F	ATHER'S NAME FIN	on As	JACKS 00	15. MOTHER'S MAIDEN NAM	AE First Middle EMMA Middle	SMITH Lost
		es, no, or unknown)	N U.S. ARMED FORCES? (If yes give war or dates of service)	166. SOCIAL SECURITY NO. 214-60-45	77. INFORMANT Records, M	Addres t. Wilson Stat	
		18. CAUSE OF DEATH WAS A Conditions, if ony, who tise to immediate costoting the underlyin lost.	DUE TO, OR (b)		estinal Blee	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	RTIFICATION	PART 2. OTHER SIGNIF	Primary I	UTING TO DEATH BUT NOT RE When culosis HICH OPERATION WAS PERFORE	NED 200. AUTOPSY?		al event
	MEDICAL CERTI	210. ACCIDENT WAS L OR CONTRIBUTING CO (If either, notify medi	AUSE OF DEATH HOUR A.M.	. Month Doy Year	21c. HOW INJURY OCCURRED (	Enter noture of injury in Port 1 or Por	t 2, Item 18.)
I	ME	21d. INJURY OCCURRE While Not while of work	D 218. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D	. No. City or Town	County Stote
		22a. I certify that saw the dec causes state	at () (this haspital) at eased alive an 2 ed abave, () (we) (did	tended the deceased fr 3 hov 196 ) (did not) view the bady	on, 1 , and that in (my) (our) ofter death.	9 6 to 19 corred on the	that (we) la e date and hour ond from th
ı		22b. SIGNATURE	Murca	men	DEGREE PHYS.		22c. DATE SIGNED 43 Nov 68
١		22d. PHYSICIAN'S NAME (Type) W	illiam New	comer, M.D.	220. ADDRESS Mount	Wilson, Maryla	nd
	230.	BURIAL, CREMATION, SEMOVAL (Specify)	23b. DATE	8 ASH Med	POPIAL CEM.	23d. LOCATION (City or Town) SANOV SORIN	(County) (State)
)	24.	FUNERAL DIRECTOR	1) //	ADDRESS (	250. REC	D BY REGISTRAR / 25b. REGISTR	Charles Quelas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by many and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. This please remaye carban papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.

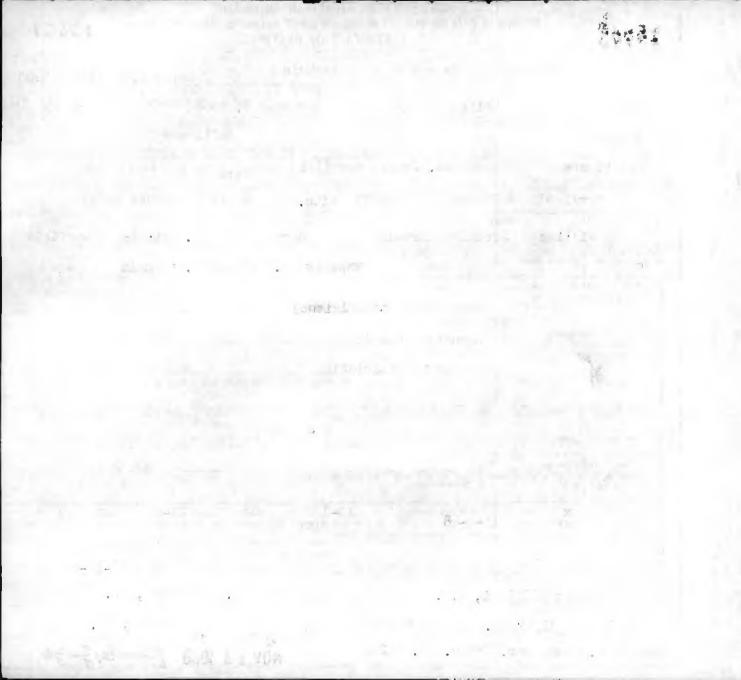
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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within 24 haurs affected the		mpletely filled in by the wnest	arban papers. Pages Mand-2	nt, within 72 haurs after death.
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certificate t	*	g physician	Then please	maval, and
equires that the death	physician.	signed by the attendin	bur al-transit permit.	burial, cremation, ar rei
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the actions and the processing the control of the control	etaine!! by the hampital ar attending physiciar	CTOR: After this certificate has been signed by the attending physician and com-	shauld be detached for use as the bural-transit permit. Then please remave carban papers. Pages 🏗	vith the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 h
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	ECEASED-NAME	First		M.ddle		Lost		20 D/	ATE OF DEATH	D.	W	25 HOUR
(	Type or print)	Jac	ck	Elmer	Ar	nderson			No vember	8, 1	968	a. M
3. SI	EX		4. RACE			S. DATE OF BI			6. AGE (In years	s If U	JNOER I YEAR	IF UNCER 24 HRS
	male		whi	te		Nov.	26, 19	II	iqui historio)	YRS	THS DAYS	HOURS MIN
	BIRTHPLACE (State or	oreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRI	IED NEVER MAR	RIED T	9. COUN	ITY OF DEATH			
(04)	<sup>ntry)</sup> Virginia	3	U. S	. A	WIDOW		CEO 🗍	]	Baltimore			Md
	CITY OR FOWN OF DEA	TH		ME OF HOSPITAL OR INS	TITUTION	(If nat in haspital			ATION (Kind of work o			BUSINESS OR
	Catonsvill	Le	SPR	reet oddress) LNG GROVE	STAT	TE HOSP	during mo	st of wo	orking life, even if retir	ed)	NOLSTRY trans	it co.
130.	USUAL RESIDENCE (W	nere deceas	and Bulled 18 makes to	on. Residence before	13c CITY	OR TOWN	3d. INSIDE CITY LIM		13e STREET AND NUMBE	R IO	822-	
eam	vissian) STATE	<i>7</i> d	J3b. COUNTY F	r. Geo.	02	con Hill	YES NO		Hillton	Dri	ve	SE
14,	FATHER'S NAME	irst	Middle	Last		1s. MOTHER'S MA		rsi	Midd	le		last
1	Willia	am	P.	Anders	son	E	lla		Jane		Pa	yne
	WAS DECEASED EVER	IN U.S. ARA	AED FORCES? For or dates at service)	16b SOCIAL SECURITY N		17 INFORMANT			Addre			
L	Yes, no, or unknown)	fii yaz dise w	ray or auries or service)	578-1 <b>9-7</b> 1	51	Records	SPRIN	G GI	ROVE STATE	HOSP		
	18. CAUSE OF DEAT	H (Enter an	ly ane cause pe <u>r b</u> n	e for (o), (b), and (c)	)			_	4 1			MATE INTERVAL DISET AND DEATH
	PART I DEATH	WAS CAUSE	D BY:	10/21/12	1711	ular	acce	al s	eup (CL	14.		
	P 1	mineon	DIJE TO OR A	S A CONSEQUENCE OF	Da	saloly	! nac	ec.	conhag	P	1	
	Conditions, if ony, w		16166	ece to	54	Eterlin	acc 1	41	pecter	ilde.	2	
	rise to immediate ( stating the underly		DUE TO OR A	S A CONSPOLIENCE OF	11		,	0				
	last	)	(e) <u></u>	udai	120	LOSCE	ela		>-			
	PART 2 OTHER SIGN	IFICANT CON	IDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATE	D TO THE TERMINA	L DISEASE ORCO	ONDITIO	N GIVEN IN PART I(a)			
z	P 37 46 4	ial	setter.	nece	: le	ed.	0.5	2	ery			
CERTIFICATION	19a. DATE OF OPERATI	ON 19b	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		20b IF YES, WERE FINDS	NGS CONSI	DERED IN C	ERTIFYING
E						YES [	NO 🌃		CAUSES OF DEATH?			
65	21a. ACCIDENT WAS		210 1/1116 01		21	C HOW INJURY OCC	URRED (Enter	nature	of injury in Part 1 or Pa	ort 2, Item	18.)	-
MEDICAL	OR CONTRIBUTING	lical exami	ner) P.M.	Manth Day Year								
M	21d INJURY OCCURR	ED 21e.	PLACE OF INJURY	AT HOME FARM, STREET FAC OFFICE BUILDING, ETC.	TORY,) 21	f. LOCATION Street	t or R.F.D. No.		City or Town	C	ounty	Stote
	While Nat while at wark of wark											
	22a. I certify th	at 160 (th	is haspital) atte	nded the decease	ed from	Sept.	23, 19.6	<u>8</u> , t	aNov. 8	, 19 6	O, that	(¥(we) last
	saw the de	ceased a	live on No	did pat) view the	9 <u>68</u> ,	and that in (m	y) (aur) apır	nian de	eath accurred on th	ie dote d	and hour	and from the
	22b. SIGNATURE S	ea abave	s, (1) theoristment i	did adit view me	oddy dii	iei deam.				22c. DATE	SIGNED	
	220.31011110125	200	run	er.	Г	DEGREE PHYS.	IG DE MI	ED RECTOR	STAFF PHYS.		8-68	
	22d, PHYSICIAN'S		-						ROVE STATE	HUSP	TTAL	
	NAME (Type)	]	Rafael H.	. Marin, M	.D.		Balt	ima	ce, Marylan	nd 21	.228	
23a	BUR AL, CREMATION,	23b	DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d L	LOCATION (City or Town)	((	County)	(State)
	REMOVAL SEEL		-11-68				eterv	1	uitland.	Md	**	,
24	FUNEDAL DIRECTOR	1	Brus	ADDRESS		sh DC	2Sa REC D BY	/ REGIST	RAR 2Sb REGIS	RARS SIGI	NATURE	
S	Immons I	ros	1661 GC	and Hone			VONTAG	12	1968 800	ione	4 Hood	ye.



TO FUNERAL DIRECTOR: After this certificate lias been signed by the attending plysician and campletely filled in by rne-hard director, page 3 should be detached for use as the burial-transit permit. Then please remainmentally papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death.

JOM REV

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays after death.

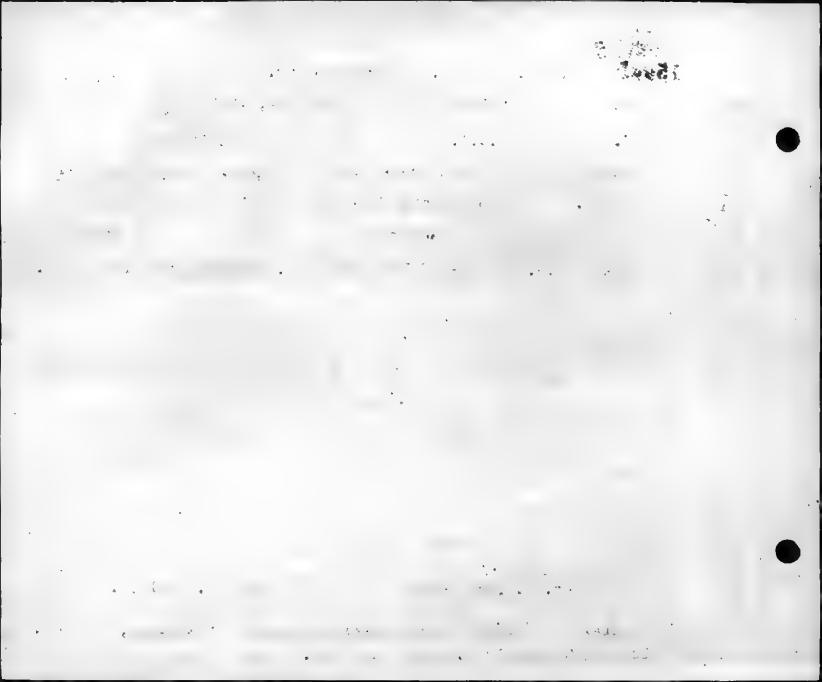
Page 4 may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

ORE, MARYLAND 21201

P 0 00	DIAIZION OF ALIAT KECOKDZ, 301 M. LKEZION ZIKEEL RATILWO
447	CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	First	Middle	Lost		Ro. DATE OF DEATH Month	2b HOUR
	type or pinns	James	C. 1	Anderson	Sr.	TT	20 1968 M
3. \$	Male	4. RACE Whi	te	S. DATE OF E	1 24, 1	.892 6. AGE (In years lost buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MAN
7o	BIRTHPLACE (State or foreign			MARRIED 🔼 NEVER MA	KK,ED .	COUNTY OF DEATH	
_		U.S			RCED NOVA	Baltimore	Md.
10	Towson	give st		tt Ave		of working life, even freture  red Comptr	oller Oil
13ο odπ	USUAL RESIDENCE (Where dession) STATE Md.	leceosed lived, if institution 13b COUNTYB	n: Residence before altimore	Towson	YES NO X		
14	FATHER'S NAME First W111	i.am	Ander		AIDEN NAME First Mary		Fannon Lost
	Yes, no, of the north of the line of the l	14 6	166 SOCIAL SECURITY NO. <b>109 07 77</b>	32 Nellie	R. And	Addre lerson 6402	Pratt Ave.
	18. CAUSE OF DEATH (Ent	CAUSED BY	(A	Hunton			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IM	IMEDIATE CAUSE (o)	Marin	)	~3		1) mm
	Conditions, if only, which o	nove \	A CONSEQUENCE OF	1 CV Du	had E		10 00
1	rise to immediate couse stating the underlying co	(o). (b) DUE TO, OR AS	A CONSEQUENCE OF	. / 1 /	1-		
	lost.	(c)	of	and field	M		2 yea
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT			DITION GIVEN IN PART I(o)	
NO	t	I-a -a -	N.	Johle Will		The state of the s	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI		YES [	NO ☐	CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (If either, notify medical e	OF OEATH HOUR A.M.	INJURY Month Doy Yeor 19	21c. HOW INJURY OF	CURRED (Enter no	ture of injury in Port 1 or Po	rt 2, Item 18.)
ME		210. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	(1) 21f. LOCATION Stre	et or R.F.D. No.	City or Town	County State
П		) (this≃h <del>ospita</del> l) atte	nded the deceased	fram air	. 19 6	, to Ker	, 19 <u>6</u> , that (I) ( <del>we)</del> last e date and hour and from the
	saw the decease	ed alive anbave, (I) (we) (did) (	distant) view the hou	, and that in (n dv after death	ny) (aur) apinia	in death accurred on th	e date and hour and from the
	22b. SIGNATURE	A A	// YEW HE DUT		,		22c. DATE SIGNED
		CV M	to UN	DEGREE PHYS.	ING MED.	TOR PHYS.	11/20/18
	22d. PHYSICIAN S NAME (Type) D	r. E. Pau	1 Coffay	22e. AD	3100	St. Paul	St.
230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE		NETERY OR CREMATORY		3d. LOCATION (City or Town)	(County) (State)
24	burlat	11/23/68	New Ca	thedral (	emeter		
24	Mitchell W	iedefeld	Home 6500	York Rd.	DATE NOV	2 5 1968 A	Charles Judge



### MARYLAND STATE DEPARTMENT OF HEALTH

ge executed within 24 haurs after death

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 should be detached for use as the build-transit permit. Then please remave carban papers. Pages Thauld be filled with the State Dept. of Health priar ta build, crematian, ar remaval, and in any event, within 72 hours after

VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	15448	CERTIF	FICATE OF	DEATH		1 25 (	1
	(EASED NAME First (pe ar print) SISTER	Middle MATILDA	ANG EA		Nov Manth 2/ Do	1968	2b. HOUR
3 SE	A. RACE W		S. DATE OF BI	RTH 3. 9,1886	6. AGE (In years last birthday) YRS.		F UNDER 24 HRS HOURS MIN
त्वस	0/4/0	T/2 , WIDOW		RCED (	BALTIMORE		M
	STEVENSON give str		16 INFIRM	during most of	UPATION (Kind of work done work no life, even if refired)	12b KIND OF BUINDUSTRY	
13a adm	USUAL RESIDENCE (Where deceased lived, if institution ssion) STATE 13b. COUNTY	Residence before 13c. CITY	OR TOWN IENSON	AEZ WO MO 1255		RD.	
14	ATHER'S NAME First Middle  MICHAEL  1	Lost BNGARER		RY LOU	M.ddle  1SE COLT	MANN	Last
	1.0/	166 SOCIAL SECURITY NO 220-54-2908	17 INFORMANT	Brus	Amrie-	illefe	elii
	Conditions, if any, which gave (b)	A CONSEQUENCE OF  A CONSEQUENCE OF  NG TO DEATH BUT NOT RELATE			ON GIVEN IN PART 1(a)	1	
CERTIF CATION	196. DATE OF OPERATION 196. CONDITION FOR WHICE	H OPERATION WAS PERFORMED	20a. AUTO		206 IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner)  21b. TIME OF I HOUR A.M P.M.	Month Day Year 19		·	re of injury in Part I or Part 2,		
M	27d INJURY OCCURRED 21e. PLACE OF INJURY (6 of work of work of work of work)  22a. 1 certify that (1) (this haspital) after saw the deceased alive an causes stated abave, (1) (we) (did) (constant)  22b. SIGNATURE  4. Call	did nat) view the bady aft	and that in (m	, 19, y) (aur) apinian	death accurred on the de	County  , that ( pare and haur ar  DATE SIGNED  27 -1	State  1) (we) la: and fram th
	BUR AL CREMATION, PRINCIPLE OF THE PRINC	23c. NAME OF CEMETERY ADDRESS &	Cemel		LOCATION (City of Town)  ISTRAR 25b. REGISTRAR	(County)	y (State)

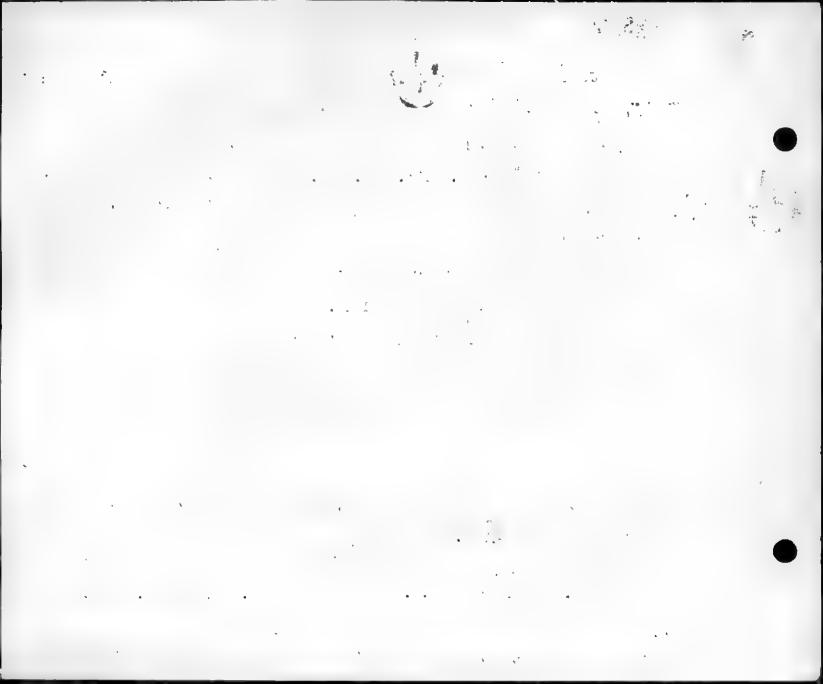


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 3Q1 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13401

1	DECEASED NAME First (Type or print)	iar'in	Middle		Lost	20.	DATE OF DEATH Month	Doy	Yeor	2b. 12913
L	John			Arno			11	24	68	7: a
3.	SEX	4. RACE			DATE OF BIRTH	_	6. AGE (In lost burth	yeors	MONTHS DAYS	HOURS MIN
	Male	Mitto		T T	120.2,1906	)		YRS.	montria onta	100K3 Mills
70	BIRTHPLACE (State or foreign	TO CITIZEN OF WHAT COU	NTRY? 8 M	ARRIED 试	NEVER MARRIED	9 COL	NTY OF DEATH			
Ľ	puntry) Palto. 1.1.	U. C. t.		DOWED 🗌	DIVORCED	E	Baltimore	Cour	nty	M
, 10	CITY OR TOWN OF DEATH	11 NAME OF F	OSPITAL OR INSTITUT	NON (If not in	hospitol 120 t	ISUAL OCCI	LPATION (Kind of w	ork done	12b KIND O	F BUSINESS OR
	Towson	Great	dress) Balt	Med.	Cen.		working life, even i このハシュロロ	r retired )	(Cally)	rydoch
13	o USUAŁ RESIDENCE (Where deceased imposion) STATE	lived, if institution: Res	idence before 13c.	CITY OR TO	MN 13d INSIDE C	LLA FIWILZS	13e. STREET AND N			
۳	IIIISSOII) SINIE	IND COUNTY	R	1/10	City YES W	NO 🗍	10/2	-תמציול ד	H You	
14	. FATHER'S NAME First	Middle	Lost	15. M	OTHER'S' MAIDEN NAM	E First		Middle		Lost
	Carles F. 1	nold			"enrict	ta ni	inna			
R	Yes, no, or unknown) (If yes give wer		CIAL SECURITY NO.	17 INFO	KAMPUNT			Address		
L	165, no, or unknown)	3/	4-03-23	28/5	izabeth E	. A r	10/d-1-31	Re live		
Г	18 CAUSE OF DEATH (Enter only	one couse per line for (c	o), (b), and (c).)							XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: CAUSE (6) Care	cinoma o	f lun	2.					
	1621	DUE TO, OR AS A COM								
П	Conditions, if ony, which gove		astasis	to br	ain stem					
L	rise to immediate couse (a) { stating the underlying couse(	DUE TO, OR AS A CON								
L	lost.	(c)								
П	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE	OR CONDITI	ON GIVEN IN PART 1	(o)		
1,	5 / w A									
CEBTICICALON	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPER	RATION WAS PERFOR	CALIFFE OF DEATING			NDINGS CONSIDERED IN CERTIFYING			
1 8				YES NO ⋤		CAUSES OF DEATH?				
		E . O. 111112 O. 1140111		21c HOW	INJURY OCCURRED (E	nter noture	of injury in Port 1	or Port 2, 1	tem 18)	
MEDICAL	G CAUSE OF DEATH  (If either, notify medical examine		19 19 19 19							
155	- 210 HOOK: OCCORRED   218 F	LACE OF INJURY (AT HOME OFFICE B	, FARM, STREET, FACTORY,	21f. LOCAT	ION Street or R.F.D.	No.	City or Town		County	Stote
1	of work of work									we.
Н	22a. I certify that (this saw the deceased ali	haspital) attended	the deceased fr	omI	1/10 , 10	968	ta11/24	, 196	<u>ාර</u> _ , tha	(XXX) la
П	saw the deceased ali	/e an	= 19 00	O, and the	iat in (my) (24014) i	apinian (	death accurred o	in the dat	re and haur	and from th
П	22b SIGNATURE	(i) (we) terrate	at view the budy					1 22c D	DATE SIGNED	
ı	1	2011	7/4	DEGREE	AFFENDING D	MED DIRECTOI	R STAFF		1/24/68	8
П	22d. PHYSICAN S	aun o			22e ADDRESS	DIRECTO	rnis, .		, ,	
L	NAME (Type) Dr. Du	ncan McGhi	e M.D.		6701	N.	Charles	St.	21204	
23	o BUR AL CREMATION. 23b, DA	TE T	23c. NAME OF CEME	TERY OR CRE			LOCATION (City or 1		(County)	(Stote)
	Maria and the control of the control	-27-19			e i i e nori		Timonium	,	(	\
24	FUNERAL DIRECTOR		ADDRESS	,	2So REC	D BY REGI	STRAR 2Sb R	EG STRAR'S		
	B'n C. Filler	Inc(15)	plain Rd.	-2/2/	PATE N	nv 2	9 1968	Ocha	year you	del.

24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the the buriol-transit permit. Then please remove carban papers. Pages Land should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages Land should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Page 4 may be retained by the hospital or attending physician. VR A35 (4) 30M REV 1/68

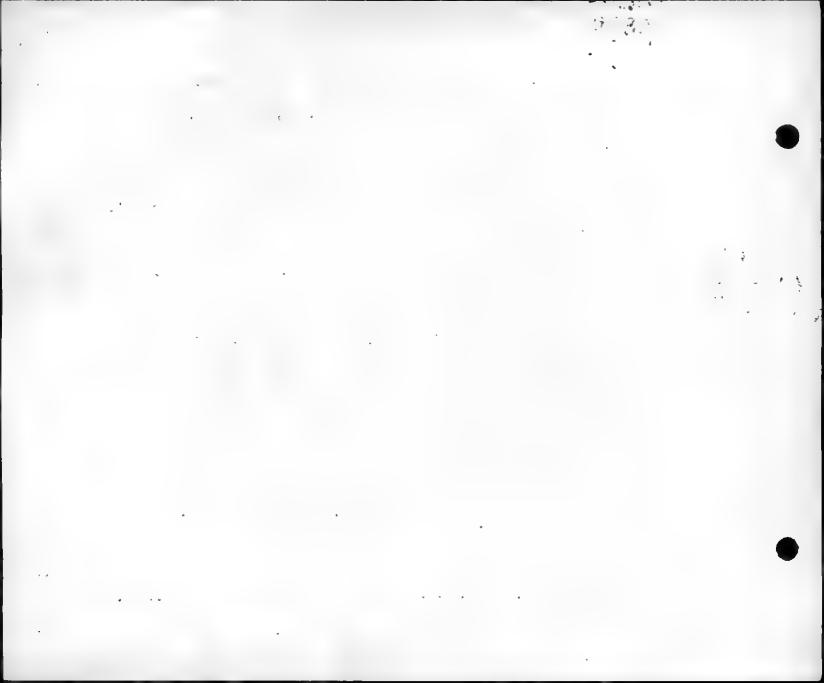


VR A15 (4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto Md.

REGISTRAR S SIGNATO

Stote



### MARYLAND STATE DEPARTMENT OF HEALTH

## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-40	per	9	0	F %
1	C	14	3)	. )

					ERTIF	CATE OF	DEATH				704	3) -)	
	ECEASED-NAME	First		M.ddle		Last		2a. DATE O			.,	2b	HOUR
(	Type or print)*	ALBERT		FRANKLIN	A	SCHEME:	IER	Nove	Month mber	15,	1968	1	:20
3. SI	EX		4. RACE			S. DATE OF	BIRTH		6. AGE (In	yeors	MONTHS DAY		ER 24 HRS.
	Male		White			Anril	26, 190	מכ	6	7 YRS.	MUNITS WAT	Hours	Prigry.
	BIRTHPLACE (State	or foreign 7	B CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D 🔀 NEVER MA	ARRIED	9. COUNTY O	F DEATH				
$\perp$	New J	ersey	USA		WIDOWE		ORCED [		altimo				Mi
10. (	CITY OR TOWN OF	DEATH		IE OF HOSPITAL OR INS	I) MOITUTIT	not in haspital	during mo	L OCCUPAT OF	trfe, even i	f retired )	125 KIND C		
10	Towson	****	ST	JOSEPH F			re	etired	Supe:	rvisor	rTele	phone	e Co
	usual Residence Issian) STATE	(Where deceased	1 lived, it institution 13b. COUNTY	n. Residence befare	1136. (114)	OK TOWN	13d. INSIDE CITY LIN		TREET AND N		בת דד	23.5	771.
	FATHER S NAME	land First	Middle	timore	-	LE MOTHER C	MAIDEN NAME FII	76	ZU_Sat	Middle	ll Rd.	- 212	224
14,			***************************************	-				151			1	Lusi	
160	Robe WAS DECEASED E	VER IN ILS ARME	D FORCES?	schemeier 6b SOCIAL SECURITY I	10 17	INFORMANT	lie			Ha 1 :	1		
,,,,	res no or unknown	(If yes give war	or dates at service)	212-03-63			1. Asche	meier.			13		
-				far (a), (b), and (c).		- America					APPRO	DXIMATE INTE	RVA.
П				traab <b>d</b> omi		nemorrh	age				Belweer	N ONSET AND	UEATH
	441,	IMMEDIATE			220132		<u>~~~~</u>						
	(and tions, if ony, which gove) a. Ruptured abdominal saccular aneurysm												
	rise to immediate cause (a).  Stating the underlying cause  PIROCONNECTOR POSENCE DE												
	lost. (c) Oat cell carcinoma of left lung with extensive												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Metastases												
S		451X											
CERT.FICAT.ON	1%. DATE OF OPE	RATION 19b CO	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20g. AU			IF YES, W <b>ERE</b> ES OF DEATH?		ONSIDERED IN	CERTIFYIN	4G
RT.F	OF ACCIDENT	PAC HUNEBURNE	Tout True of	A 4 22 60 LP	las	YES [					10)		
MEDICAL C	OR CONTRIBUTING	VAS UNDERLYING  CAUSE OF OEATH  medical examine	HOUR A.M. P.M.	Month Doy Year			CCURRED (Enter	·	ity in Port 1	or Part 2, 1	Item 18.j		
W.	21d INJURY OCC While Not wat work at work	ork —		IT HOME, FARM STREET, FAC OFFICE BUILDING, ETC.					y or Town		County		Stote
	22a. I certify that (1) (this hospital) attended the deceased from October 31, 1968, to Nov. 15, 1966, that (1) (we) los saw the deceased alive on November 15, 1968, and that in (xxx) (our) apinion death occurred on the date and hour and from the												
L	saw the	deceased aliv	ve on Nove	lid nat) view the	9 <u>60</u> , 0	nd thot in (	rog) (our) opir	nion death	occurred o	on the do	te ond hou	ir ond fr	om th
	22b, SIGNATURE	whis &	Hum	\$	DE	GREE PHYS.	DING DI	ED. RECTOR	STAFF PHYS.	_	DATE SIGNED	8	
	22d. PHYSICIAN'S NAME (Type	. /	/ ine Feli	ciano, M.	D.	22e. Al	odress 520 York	c Road	Twws	on, M	arylan	ıd 21	204
230	BUR AL, CREMATI	ON, 23b. DA		23c. NAME OF	CEMETERY (	OR CREMATORY		1	ION (City or )		(County)	(Stat	te)
	REMOVAL (Specif		18, 1968	Green		t	Lan again		lmore,	Mary	land		
	funeral directo Im. Cook-		Towson,	ADDRESS 1050 York		21204	2So. REC'D BY	registrar	1968	REGISTRAR'S	SIGNATURE	Judg	12

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, Page 4 may be retained by the haspital or attending physician. VR A15 (4)

within 24 hours after

be executed



eath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII	MORE 1, MARYLAN
1545g	CERTIFICATE OF DEATH	15454
CE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, I	f institution: Residence before

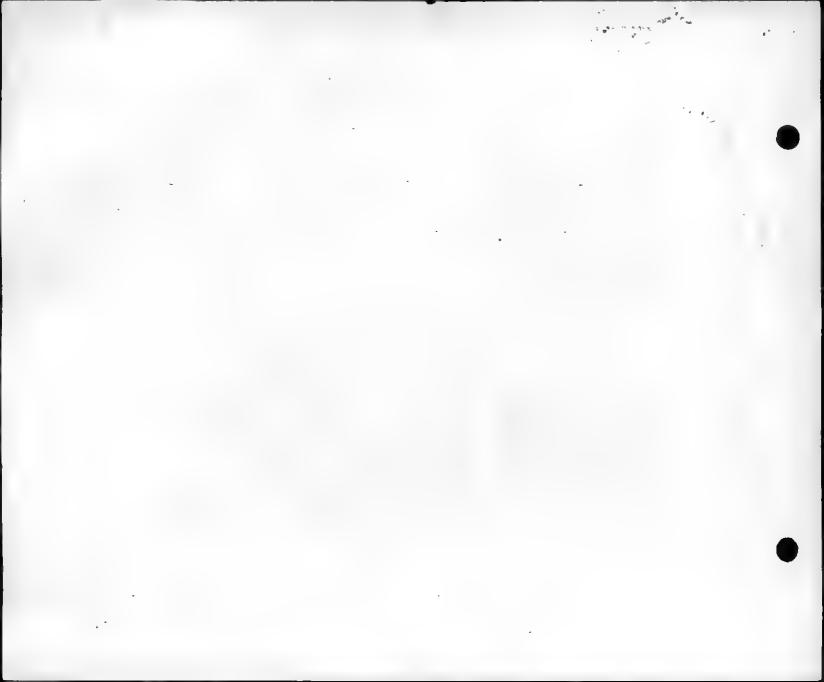
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
limonium	limonium
d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
103 Far View Court	103 Far View Court YES NO 8
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Hary Virginia My	res DF November 6, 1968
1. MARKED SE LICATE MARKEEN	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	ruguest 11, 1070 /0 yrs.
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
Housewife   Own Home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A. James Elliott	Mary Wheeler
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give way or dates of service)	INFORMANT Address
No None None F	amily records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (ARCIJOMA UND	FRENTINTED METASTATIC ONSET AND DEATH
1741	6 1103
Conditions, If any, which }	
gave rise to Immediate (	
cause (n), stating the DUE TO underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119. WAS AUTDPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PROPERTY OF	PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU B DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLA   Hour a.m.   While   at work   at work   at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
21.   certify that (i) (this hospitall/attended the deceased from	195 %, to NOV 6, 1968, that (I) (wer last
	t death occurred at 9 P.M. from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
Williams Illohung M.C	ATTENDING MED. STAFF   //-8-68
WAME (Type) A. PILLS BLORY	22d. ADDRESS / IMONIUM ml
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or county). (State)
Burlan (Specify) Nov. 9, 1968 Ayres Chapel	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns Sons, Towson, Maryland	DATNOV 14 1968 Scharles Judge

VR A15 (4) 20M 1/65



Melanelan

Lassahn Funeral Home 7401 Belair Road 21236



, ,	_teml3 FilmG407	12/3/68 kk MARYLAN	D STATE DEPARTMENT OF 1- 301 W. PRESTON STREET, BALL	HEALTH	
	15454		CERTIFICATE OF DEATH	IMORE, MARTLAND 21201	15406
hours after death.  In by the functof  A. Cage Cond 2  Anours after death.	1 DECEASED NAME Frst (Type ar print) JENN	Middle E	Last BAER	November 5	1968 P
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
Though the	country)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH Baltimore	
S and a second	10. CITY OR TOWN OF BEATH Pikesville	11 NAME OF HOSPITAL OR INS	TITUTION (If nat in hospital 12a. USUA	AL OCCUPATION (Kind of work dane ast at warking life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
event, w		Milford Mano d lived if institution. Residence before 13b. COUNTY	13c, CITY OR TOWN 3d, INSIDE CITY LI		
any ev	14 FATHER'S NAME First	Middle Lost	IS MOTHERS MAIDEN NAME F	a little crest	Lost
ond in any	160. WAS DECEASED EVER IN U.S. ARMI	D FORCES? 16b. SOCIAL SECURITY	NO 17 INFORMANT	Address	magael
ling physi Then pl removol,	10 -	r or dates of service)	Judge asion a	Bre 3305 06	YMPIA ON-
by the ottending physicion and complete transit permit. Then please remove carb cremotion, or removol, and in any event, or	PART 1. DEATH WAS CAUSED IMMEDIAT	one couse per line for (o), (b), and (c) BY.  E CAUSE (o)	Fran Calc	enomi	BETWEEN ONSET AND DEATH
the off sit per notion,	Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	0		
signed by the ottendii burial-transit permit. buriol, cremation, or re	rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
letoched for use as the burie 9 Dept. of Health prior to burie	3		OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
prior 1	190 DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?  YES NO TO	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
Heolin	210 ACCIDENT WAS UNDERLYING	HOUR A.M. Month Day Year		noture of injury in Port 1 or Port 2 1	tem 18.)
lept. of	all teither, natity medical examine	DACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY ) 21f LOCATION Street or R.F.D. No.	City or Town	County State
Stote Dept.	220. I certify that (I) (this	hospital) attended the decease	ed from, 19	to 128. 5, 19.	61, that (I) (we) los
s snould be deroched with the State Dept. of	couses stoted obove,	(I) (we) (did) (did not) view the	9and that in (my) (our) opin body ofter deoth.		
iled wi		30 Mile	DEGREE PHYS DI	TED. STAFF DERECTOR PHYS.	DATE SIGNED
director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type)	GOLOMBE			
shou	23a BURIA., CREMATION, 23b. Dr. REMOVAL (SACTY)	17/68 Helis	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
514) (8	24 FUNERAL DIRECTOR S. Levis.	Som INC 9610 RU	stenious RS DATE NO		SIGNATURE JUNGSE



## 15455 on peres 1 and 2 with a funeral without 2 hours after death.

.vours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin 2

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely director, page 3 should be detached for use as the burial-transit permit. Then please Tenrave carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and-many event, with the state Dept. of Health prior to burial, cremation, or removal, and-many event, with

VR A15 45M - 1

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	-		_			41.10	D-07-1111							
	CEASED NAME ype or print)	JAMES	3	Middle R		BATLE	v	2o D	DATE OF DEATH	lonth	Day	-Yeor		2b. HOUR
0. 553		UMILL		164						11	7	680		7:30A M
3 SEI	ÎALE		4. RACE NEGRO			S DATE OF	/99			SE (In yeors Dirthdoy) 9		MONTHS D		HOURS MIN
70 B	IRTHPLACE (Stote of IARYLAND	r foreign 7	U.S.A.	COUNTRY?	8 MARRIES WIDOWES	NEVER MA	ARR ED ORCED		NTY OF DEAT LTIMOR		NTY			Md
	TY OR TOWN OF D		11 NAME give stre	OF HOSPITAL OR INS et address) HC		•			PATiON (Kind grking life, e			125 KINE CONST	OF B.	STNESS OR
			lived, if institution	. ALM. HU	SPIT							COM2.1	'HU	CLION
adm s	ssion) STATE	RYLAND	176 COUNTY	Kesidence before	BALT	'IMORE	YES N		13e STREET A			STREE	ET	
14 F	ATHER S NAME	First JAMES	Middle	EATLEY		IS MOTHERS I	MA DEN NAME	First	Y	Midd		la: Ur	Kei	Last ,
16a	WAS DECEASED EVE		FORCES?	6 SOCIAL SECURITY N	0 17	INFORMANT				Addre			17521	
	es, no er unknown)	MM { Aot dine main	or dates of success	219 05 07			ECORDS	, VA	HOSPI			HOWAF	RD,	MD.
	IB CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. PULMONARY ABSCESSES													TE INTERVAL ET AND DEATH
	Conditions, if ony, which gove (b)  Conditions of the immediate cause (c)  (b)  (c)  (b)  (b)  (c)  (d)  (d)  (d)  (d)  (e)										OLI	)		
	rise to immediate cause (a).  stoting the underlying cause last.  (c) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROSIS MARKED GENERALIZED									01	LD			
1 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)  INTERNAL HYDROCEPHALUS. CAUSE UNDETERMINED, OLD. BENIGN PROSTATIC HYPERTROPHY													
IF.CATION	. 9a DATE OF OPERA		RFORMED 2Da AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?											
3	210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Part 2 item 18)													
	While Not while 1216. PLACE OF INJUST (OFFICE BUILDING, ETC.) 217 LOCATION Street or RFD No. City or Town									County		State		
	22a. I certify that (I) (this haspital) attended the deceased fram 10/19/68, 19, ta 11/7/68, 19, that (I) (we) last saw the deceased alive an 19, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated above, (I) (we) (did) (d-800), view the bady after death.													
											ATE SIGNED	68		
	22d. PHYSiCIANS NAME (Type)	PETER	JUVAN,	M. D.		22e AD	AH FOR	T HO	WARD,	MARYL	AnD			
23a.	BURIAL (REMATION REMOVALISM OF THE	1, 23b. DA1		23c NAME OF C		R CREMATORY	L	}	LOCATION (CITY BALT IM	,	MAR	(Caunty)	)	(State)
24 F	UNERA DIRECTOR	101	Cice	CHARLES 661 W. F	A RIC	CE FUNE	RAL HO	REGIST		SE REGISTR	RAR S S			Judge



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1546 CERTIFICATE OF DEATH 1. DECEASED NAME. Middle 20. DATE OF DEATH 2b HOUR death. (Type or print) Month S DATE OF BIRTH 4. RACE IF UNDER I YEAR 6. AGE (In years last birthday) executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [ 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during press of working life, even if retired ) INDUSTRY carban 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY MOTHER S MAIDEN NAME First Middle Lost Last remaines that the death certificate/be eHe please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 JINFORMÁNI Yas no or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Conditions, if ony, which gave ) BRONCHOGENIE use to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO Z 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. State City or Tawn County While Mot while at wark 22a. I certify that (I) (this hospital) attended the deceased from 11/5, 19/47, to 11/7, 19/48, that (I) (we) last sow the deceased alive on 11/7, 19/44, and that in (my) (evr) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS

VR A15 (4) 30M REV 1/68

FUNERAL DIRECTOR

23g BURIAL CREMATION.

23b DATE

250. REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County) (State)



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

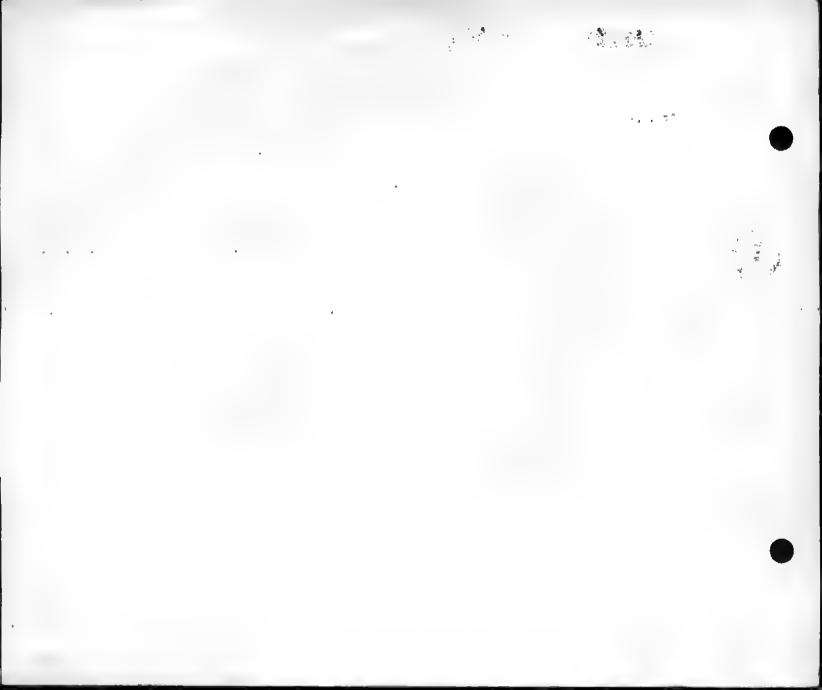
15457

15100

				CERTIF	KAIE	OF DEATE	1			7.0	3. **		
I. PLACE OF						2. USUAL RESIDEN	ICE (Where de			esidence befor	e odmission)		
o. COUNTY	Baj	ltimore		MARY	LAND	o. STATE	far <b>yl</b> a:	nd v	Anne Arundel				
b CITY OR	TOWN (If outs	ide corporote limits,	,	c. LENGTH OF STAY I	N 1b	t. CITY OR TOWN (							
Rural	URAL ond give Cato	neorest town)				Rural	Brook	klyn Pa	rk				
d NAME O	F HOSPITAL OR	INSTITUTION (If no	t in hospital, s	give street oddress)		d. STREET ADDRESS				T	e IS RESIDENCE		
Shady	Nook M	ursing &	Conva]	lescent Hon	16	101 W	7. 14tl	h Ave.	21.2	25	ON A FARM? YES NO 2		
NAME OF		Fic	st	Middle		Lost	4. DA		Month	Doy	Year		
(Type or pr	rint)	Edith		М.	Ba	llantine	OF DE:	ATH N	ovembe	r 26,	1968		
SEX		OLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (in ) lost birth	reors If J	NDER 1 YEAR	IF UNDER 24 HRS		
Fem		White	WIDOWED	X DIVORCED		une 3, 18	382	86	ALZ MOU	IIIs Duys	Hours Min		
Jo USUAL OCC	UPATION (Give working life, ev	kind of work done	10b KI	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Co	unty & Stote	or foreign countr	γ)	12 CITIZEN OF	WHAT		
Com	panion	54 11 161H 50)				Charles		/ld.		COUNTRY?	. A.		
3. FATHER'S						14. MOTHER'S MAIL							
		Millar					Carper	nter					
S WAS DECE Yes, no, or un	ASED EVER IN U known) (If yes	5 ARMED FORCES? give wor or dotes of	service) 16.	SOCIAL SECURITY NO		NFORMANT	н		Address				
No					Mrs	. Virgini	a "and	cock 1	10 W.	14th A	ve. 2122		
IB. CAUS	s <mark>e of Death</mark> (1 T i, Death was	Enter only one cous	e per line for	(o), (b), ond (c).)		1.//	7	11.			ERVAL BETWEEN SET AND DEATH		
		IMMEDIATE CAUSE (		THE LECEN	in	- Pt K	recen	edu		4"	2 6177		
Condition	s, if any, which	DUE 1	1 12	2000111	1011	1 Hun . 11	,	, ,		U			
	s, ii ony, which imediote cous		(b) <u>(</u>	Wolf or	2700	-700-64	66.68	L vall		T .	108617		
stoting th	ne underlying	COUSE	10 E	2015 21		120101	16. 5	J		1/-			
	THER SIGNIEIC			O DEATH BUT NOT REL	C/CU	HE TERMINAL DICEAGE	CONDITION	CINTEN IN DADT	1(a)	10	MAS ALLTODOV		
E PART S	THE PONITIO	an compilions co	MIKIDUIING	O DERIII BUI AVI KED	4160 10 +	THE PERMINAL DISCASE	CONDITION	GIVEN IN PAKI	1(0)		WAS AUTOPSY PERFORMED?		
200 ACCIT	DENT WAS UNDER	PLYING ET	20h DE	SCRIBE HOW INJURY OC	CHEREN	Enter nature of inum	un Port ( or	Port II of stom	10.1	1	ES NO E		
OR CONTR	IBUTING CAU	ISE OF DEATH	200 0	SCRIPE HOW ROOK! OC	CORRED	thie notice of more	y 31 roll 1 01	TOTAL OF HEIL	103				
THE RUBBER	, NOTIFY MEDICA OF INJURY M	onth, Doy, Yeor	20d II	UURY OCCURRED	20e. PLAC	E OF INJURY (Home,	form 2	Of (City or to	own)	(County)	(Stote)		
	Hour o.m.	19	While			ory, street, office bldg.		,- , -	,	1,	()		
21   certify that (I) (this haspital) attended the deceased from 12 (14), 1955, ta Nov 26, 1967, that (I) (we) la													
sow the deceased alive on													
22o. SIG		1:	,		- <del> </del>				22	b. DATE SIGN			
	MD ATTENDING MED DIRECTOR PHYS												
22c PHY	SICIAN'S ME (Type)	Benjamin	Berda	nn, M.D.		615 Ham	monds	Lane	Balto.	Md. 2	1225		
3o. BURIAL (	REMATION,	23b DATE THE		23c NAME OF CEME				LOCATION (Cit		(County			
	1991/9)	11/29	/68		dge	Cemetery					lto. Co.		
24 FUNERAL	DIRECTOR	F-14	2000	ADDRESS			REC'D BY REG		2Sb REGISTRA				
MIC	wely.	1-111	237 Pa	tapsco Ave	. 21	225 DATE	NOV 2	9 1968	gel	corles	Indas		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

Page



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

154

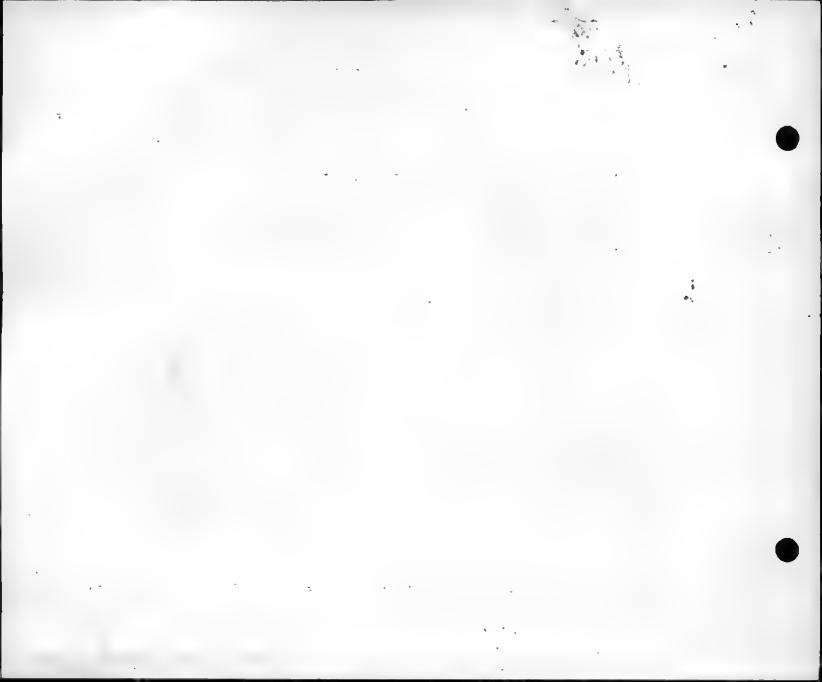
- 1					•		12 41 527								
1		CEASED-NAME	First		Middle		Last	20.	DATE OF		-			2b. HOUR	
-	(II	ype or print)	Katie		LEE	В.	ARNES		11	Month 1	Doy	68 <sup>Y</sup>	109	3:40p	
	3. SE	X		4. RACE		S.	DATE OF BIRTH			6. AGE (In yea		IF UNDER		IF UNDER 24 HRS.	
-		Female		Neg	ro		8/1/0:	2-		last birthday 1 66	YRS.	MONTHS	OAYS .	HOURS MIN	
ı	7o. B	BIRTHPLACE (State o	r foreign 7	CITIZEN OF WHAT		8 MARRIED	NEVER MARRIED	9 <b>CO</b>	UNTY OF	DEATH					
-1	coun	MINI		U.S.	A	WIDOWED X			1tim	ore				Me	
4	10 C	ITY OR TOWN OF D	EATH	11. NAME	OF HOSPITAL OR INS	TITUTION (If not i		USBAL OCC	UPATION	(Kind of work		12b K	IND OF B	USINESS OR	
		Baltimor	e Tow.	San Grea	et oddress) iter Balt	o. Med.	Center			life, even if ret	red.)	INDUS	STRY	MES	
	130	USUA. RES DENCE (		eved if institution.		13c CITY OR TO		E CITY LIMITS?		REET AND NUME	ER		,	11111	
	odmi	issian) STATE	770	13b. COUNTY	3ALTO.	MONI	TOM YES	] ио 🔀	137	9 FAL	.15	_K	D,		
, [	14. F	ATHER'S NAME	First	Middle	Last	15. A	OTHERS MAIDEN N	AME First		Mic	dle			East	
			3		DORS	EY		110	KN	OWN					
-		WAS DECEASED EVI			b. SOCIAL SECURITY N			,		Add	ress			_	
	Υ	es, na, ar unknown)	(III yes give war	or eares or service)	12-28-5	409 AL	INE TA	OMA:	5-11	LONK	40.	No	m	0.	
		18. CAUSE OF DE	ATH (Enter only	ane cause per line l								(L)		ATE INTERVAL SET AND DEATH	
		PART I. DEAT	H WAS CAUSED I	BY-	rebral i							- "		C. Mad DONIA	
		1MMEDIATE CAUSE (a) CETEBTAL IIITALEL  4/20 DUE TO, OR AS A CONSEQUENCE OF													
- 1		Conditions, if any, which gove) Hypertension + arteriosclerotic cardiovascular disease													
		rise to immediate cause (o), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF													
	last. (c)														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
	_	int :													
	CERTIFICATION	190. DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES WERE FINDINGS C							JINGS CO	ONSIDERED IN CERTIFYING					
1	TFIG						YES 🔀 🖠	NO 🔲	CAUSES	OF DEATH?	ES				
1		21o. ACCIDENT W				21c. HOW	INJURY OCCURRED	(Enter natu	re of injur	y in Part 1 or F	Part 2, I	tem 18.)			
	MEDICAL	OR CONTRIBUTING  (If either, notify in			Month Doy Year										
1	ME	21d. INJURY OCCU	IRRED 21e. Pl	ACE OF INHURY LAT			TION Street or R.F.	.D Na.	City	or Tawn		County	7	State	
		While Mot what wark at wark	rk 🗆	(Or	FICE BUILDING, EIC.										
		22a.   certify	that (I) (this	haspital) attend	led the decease	d fram	10/13	19 68	, ta	11/1	_, 19_	68	that (	(1) (we) las	
	.	22a. I certify that (I) (this haspital) attended the deceased fram 10/13, 19.68, ta 11/1, 19.68, that (I) (we) las saw the deceased alive an 11/1 19.68, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.													
			ated above,	(1) (we) (aid) (di	d not) view the l	bady after de	arn.				1 00 0	175 4101	10 P		
		22b. SIGNATURE	1/1/2	7,1	¬ //	PEAREE	ATTENDING	MED		STAFF X		DATE SIGN 11/2			
		22d. PHYSICIAN'S	140	15the	all	DEGREE	PHYS L	J DIRECTO	OR L	PHYS.		/-	, 00		
/		NAME (Type)	Rudice	r Breiten	ecker. M	.D.		N Ch	arle	s Stree	t				
	00.	DUDIAL CDERRATIO								· · · · · · · · · · · · · · · · · · ·		10		[Ca-a-)	
	230.	BURIAL, CREMATIO REMOVAL (Specify)		16/60	ZJC. NAME OF	CEMETERY OR CR		236	DAA	N (City or Tay)	. 47	(Count	YI	State)	
	24	FUNERAL DIRECTOR	U /	0 /0 8	ADDRESS	neus	1250 R	ECD BY REG	ISTRAR	2Sb. REGIS			-		
1	11	an I. Ch	atmon	2.1701.		lech st.	-	NOV	-				_		
		75.88-	**	1	1 1		DAIL	HUY	0 1	ind /	Ma	rela	Vac	Lat	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I have should be filed with the State Dept of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after dem Page 4 may be retained by the haspital ar attending physician.

OM REV TO



	ii	nformation takes	ลเปลี่ส์สีสาร บา	MARYLAN	D STATE	DEPARTME	NT OF HEA	ETH MARYLAND 21201	4 5 19	3
	b:	irth cert.	DIAIZION OL AI	IAL KECUKUS,	SUL W. PI	ATE OF P	EL, BALIIMU Seath	KE, MAKTLAND ZIZUI	1547.	
The X	Ιt	irth cert. em#23a.c.d Fil	m#G406 1	1/15/68	EKILLIC	AIE UF L	ZEAIN	0.475.07.05.474		
	H DI	CEASED-NAME First	, 501/	Middle	_	Last	20	DATE OF DEATH Month	Day Year	2b. HOUR
	L ''	ype of p 5 4 60 BAB			t	BATES			2 1908 4	:03p
fe fe fe	3 51		4. RACE			S. DATE OF BIRT		6 AGE (In years last birthday)	IF UNDER 1 YEAR OF UN MONTHS DAYS HOU	NDER 24 HRS.
the the rs of		Male		ıcasian		7.1	-2-68	YI		15
hour hour hour	7o I	trul	b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRI	IED ET	DUNTY OF DEATH		
nin 24 filled i paper thin 72	10 (	Md.		OF HOSPITAL OR INS	WIDOWED			Baltimor CUPATION (Kind of work don		Me
physicion.  signed within 24 hours after physicion on completely filled in by the flushurial-tronsit permit. Then please remove corbon papers. Pages 1 burial, cremotion, or removal, and in any event, within 72 hours after	10. (	TOWSON	give stree	or address) ater Balt	o.Med.	.Center		f warking life, even if retired		IESS OK
d w d w nt, i		USUAL RESIDENCE (Where deceases	lived if institution	Residence before	13c CITY OR	TOWN 13	EN INSIDE CITY LIM TS?	13e STREET AND NUMBER		
omp ve c	adm	ission) STATE Maryland	136. COUNTY Baltimo	are	Lather	wille	YES NO	18 Croftley	r Road	
d d d	14.	ATHER'S NAME First	Middle	Last		. MOTHER'S MAI	DEN NAME First	Middle		ısl
15 1		Robert V	incent Bat	tes			Mary	Louisa	Spar	rger
on de cion		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16	b. SOCIAL SECURITY N	IO. 17. I	NFORMANT		Address		, F, 1.7.I
iffic of passi	1	es, na, or unknown) (If yes give wor	or dates of service}					*		
equires that the death certifice, be exphysicion. signed by the attending physician and burial-transit permit. Then please rembunal, cremation, or removal, and in an		18. CAUSE OF DEATH (Enter only	ane cause per line f	or (a), (b), and (c),	<del></del>				APPROXIMATE IN BETWEEN ONSET A	
## ## ## ## ## ## ## ## ## ## ## ## ##			BY: E CAUSE (o)						periodis oscillati	ND POINT
de de l'.		) ;		CONSEQUENCE OF	7					
the of the options of		Conditions, if only, which gove		CONSEQUENCE OF						
of the series		rise to immediate cause (a),	(b)	CONSEQUENCE OF						
troion the contract of the co		stoting the underlying cause		CONSEQUENCE OF						
The low requires the ottending physicion. has been signed by se os the buriol-troit prior to bunal, cre		PART 2 OTHER SIGNIFICANT COND	(c)	TO DEATH BUT NO	T DELATED TO	THE TEDANISM	DISCASE OF CONDI	ITION CIVEN IN PART IVAL		
red g pl bis c bto			-				DISCASE OF COURS	THOR OTTER IN TAKE IQU		
IAN: The low related or ottending to the has been story use os the kenth prior to be	NO	Premature ru	DIDITION FOR WHICH			2Da. AUTOPS	cva	206 IF YES, WERE FINDING	S CONSIDERED IN CERTIES	VING
tten tten as k os os prid	FICATION	THU. DATE OF OPERATION 170. C	JADITON FOR WHICH	OFERATION WAS FEI	KLOKINED	YES [X	NO []	CALLEGE OF DEATHS	YES	11110
the paragraph of the pa	CERT	21a. ACCIDENT WAS UNDERLYING	216, TIME OF IN	HIDV	Tax. III			ure of injury in Part I ar Part		
ol o		DR CONTR BUTING CAUSE OF DEATH	HOUR A.M A	Manth Day Year	ZIC B	JW INJUKT UCCU	KKED (Enter non	ure or injury in ran i or ran	Z, Hem 10.)	
Series Paris	MEDICAL	(If either, natify medical examine	r) P.M.	19		CATION C	DED N-		£	C1-1-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use as the burial-transit permit. Then pleashould be filled with the State Dept. of Health prior to burial, cremation, or removal, or		21d INJURY OCCURRED 21e. P Whole Not while at wark	LACE OF INJURY (AT	ICE BUILDING, ETC.	10K1.) 211 LC	CATION Street	grRh.D No.	City or Town	County	State
ING Dy ther ter ter tate		22a. I certify that (I) (this saw the deceased ali	haspital) attend	ed the decease	d from	117	Z, 1968	, to,	19 <u>68</u> , that (I)	(we) las
N A P S S S S S S S S S S S S S S S S S S		saw the deceased ali	ve an	1_1/1	9 <u>08,</u> an	d that in (my	<u>) (</u> our) apinior	n death occurred on the	date and havr and	fram th
ario So ta		causes stated abave,	(I) (We) (did) (di	d nat) View the l	bady after	death.			DAYE PAGAIES	
Wat Tet A		22b. SIGNATURE	In de	- / 0		ATTENDING	MED DIRECT	TOP STAFF	22c. DATE SIGNED 11/12/68	
Dia pe			1000 Ch	<u> </u>	DEGR	111.35		TOR L PHYS. LA	11/12/00	
ITAI moy tal.		22d PHYSICIAN'S NAME (Type) Rudiger	- Breitene	ecker. M.	D.	22e. ADDRI Grea	eter Bal	timore Medica	I Center	
NER Ar Ar Tor,	-									
O HO: Poge O FUN direct shoul	23a.	BURIAL, CREMATION, 23b. D/	1 1 1	23c NAME OF				d. LOCATION (City or Town)	1	tote)
5 5 5 v	re	REMOVAL (Specify) to nos	1.17/68		er bal		d.Center		DOLL III.	Md.
VR A15 (4)	24	FUNERAL DIRECTOR	, ()	ADDRESS			2So. REC'D BY RE		AR'S SIGNATURE	
30M REV 1/68		inom	news	}			DATE NOV	1 3 1968 20	liarles Judg	7



	15462	(	ERTIFICATE OF DEATH	,	1547.1
1 DE (T	CEASED-NAME First type or print) Frank	Middle Battaglia	Last	2a. DATE OF DEATH NOV.11,19818 Day	Year 2b. HOUR
3. SE	Ma <b>le</b>	4 RACE White	s pate of BIRTH 886		IF UNDER 1 YEAR OF JINDER 24 HRS IONTHS DAYS HOURS MIN
7a. B caun	IRTHPLACE (State or foreign try) taly	76. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED NEVER MARRIED 9 WIDOWED DIVORCED	COUNTY OF DEATH Baltimore	Md.
C	or fown of DEATH	11 NAME OF HOSPITAL OR INS Spring of rove	Hospital Show	OCCUPATION (Kind of work dane t of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
		sed lived, if institution Residence before		4129 Baker S	breet
16a.	WAS DECEASED EVER IN U.S. ARI	Middle Losi  Dominic  MED FORCES?  WICH or doles at service)  151-01-53	IO. 17. INFORMANT	Rosa Castic	Lost
	PART 1. DEATH WAS CAUSE IMMEDI.  Ganditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	oly ane cause per line far (a), (b), and (c) D BY:  ATE CAUSE (a) Myocard  DUE TO, OR AS A CONSEQUENCE OF  (b) Arteric  DUE TO, OR AS A CONSEQUENCE OF  (c) General		scular disease	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
	21a ACCIDENT WAS UNDERLYI	E. D. Tillia of Hilloria	YES NO 🗔	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
MEDICAL	at work at work	iner) P.M. 19 PLACE OF INJURY (AT HOME FARM, STREET, FAC	TORY.) 21F LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State
	causes stated above	nis haspital) attended the decease nlive an 11/11/08 1 e, (1) ***********************************	ed fram <u>May 9,1966</u> , 19 9, and that in (my) (%r) apin body after death.		
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Anthony J. Joung, N	22e. ADDRESS SPRI	PETOR STAFF E 22c. D/ PHYS E 1 NG GROVE STATE H	
230	BURIAL CREMATION 23b	DATE 23c NAME OF C			(County) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely killed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave cases pages 1 and 2 should be diled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, with the State Dept. VR A15 (4) 30M REV, 1/683

REMOVAL (Specify)

×.

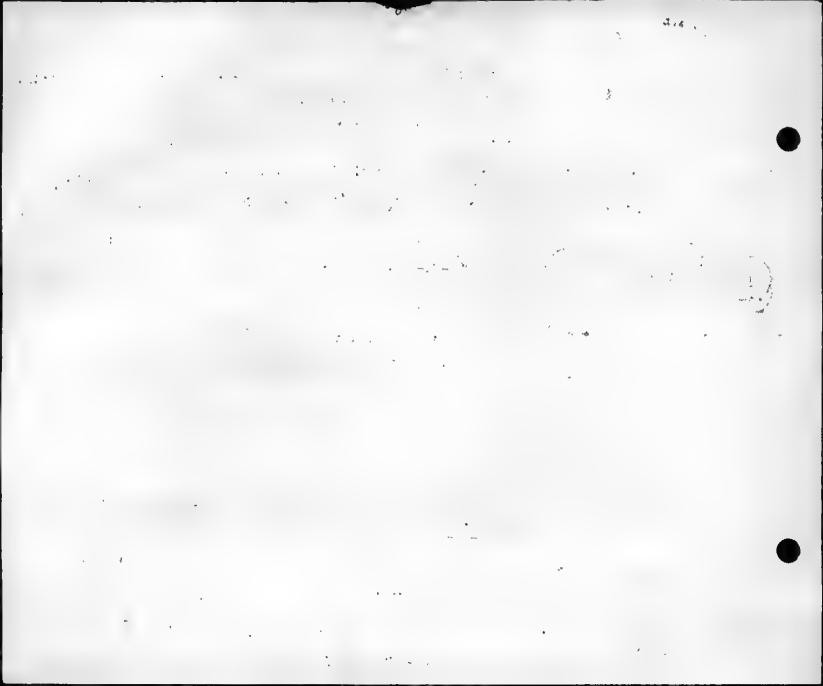
within 24 hours after death

TO HOSPITAL OF ATTENBING PRYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

**FUNERAL DIRECTOR** 1110 Belain 2Sa. RECD BY REGISTRAR 25b DATE N 196B

REGISTRAR'S SIGNATURE



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<u> </u>	It	ems6,13e,15 &	DIVISION OF VI	TAL RECORDS, 30	) W. PRE	STON STREE	T, BALTIMORE	, MARYLAND 21201	154	73
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by the Pages		Male		au.		4- 15-	1968 1	last birthday)	MONTHS DAYS	HOURS MIN
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bon p within		Overlea (Rui	al)	et oddress)	Glenmo:	re Aven	ue Ret	orking tife, even if retired sired trinter	) INDUSTRY	rintin
ent, ent,	130	USUAL RESIDENCE (Where deceased ssion) STATE	lived, if institution.	Residence before 1:	c. CITY OR TO		INSIDE CITY LIMITS?	13e. STREET AND NUMBER		21276
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute be retained by the hospital or attending physicion.  SIRECTOR: After this certificate has been signed by the ottending physician and complete 3 should be devocred far use as the buriol-transit permit. Then please remove content the State Dept. af Health prior to buriol, cremation, or removal, and in any even the with the State Dept.		Mg	13B. COUNTY B	lto.	Overl	ea YE	S NO 🖵		e Avenue	21/2/36
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i be se r din	L	Jacob		Bau er			Sar			71/6/1/9/ty
rrificate b physican en pleose oval, and i		WAS DECEASED EVER IN U.S. ARMEI es, na, grunknawn)   (If yos givii wor	or dates of service)	b. SOCIAL SECURITY NO	17. INFO			Address		206
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he death cer ottending p permit. The ion, or remo		1B. CAUSE OF DEATH (Enter on y	ane cause per line (	C V 3 # 4	,	. , ,	- 0	n (	APPROXI-	MATE INTERVAL INSET AND DEATH
eatl endi or r		PART 1 DEATH WAS CAUSED I IMMEDIATE	CAUSE (a)	1+ then	) sock	erole	E Can	du Visce	en en	
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e de la tena tena cos os prio	§	.9a DATE OF OPERATION 19b. CC	NDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a. AUTOPSY		20b IF YES, WERE FINDING CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
Esergia V	CERTIFICAT	AT ACCIDENT WAS INDEDIVING	LANC YOUR OF A	IDV	103 11001	YES	NO 🗆			
AN; al a licoti for Hec		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		JUKY Manth Day Year	ZIC HOW	INJURY OCCURR	KED (Enter nature	of injury to Port 1 or Part	2, Item 18.)	
Spit Spit and a spit a	MEDICAL	(If either, notify medical examine) 21d INJURY OCCURRED   21e. P.		19	v 3   014 1004	Du 6: .	P. C. W	<i></i>		£1-1-
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be die 3	ı	X film	- 17		DEGREE	PHYS	DIRECTOR	STAFF PHYS	11-25-	68
AI AI BE	1.	22d PHYSICIAN S NAME (Type)	a d	11		22e. ADDRESS		1- P20 1	Balta	26711
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. af Health prior to buriol, creating the prior to buriol.		\$ 0 7 7	14 611	74/6				went out		201100
Page 4 r Page 4 r O FUNER director, should b	230	BURIAL, CREMATION, 23b DA		230" NAME OF CEA			23d	LOCATION (City or Town)	(County)	(State)
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VR A15 407 30M REV 1/68		funeral director assahn Funeral	17 21.03	ADDRESS	ond 97		a. REC'D BY REGIS		R'S SIGNATURE	440
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 hours after death

within

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician

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	3 SE		4. RACE		S DATE (			6 AGF (In year: last bathday)		Doy Year RP M  IF JNDER I YEAR IF UNDER 22 HRS.  STANDUSTRY HOURS MAIN.  Lest Lundale Avenue  APPROX MATE INTERVA.  BETWEEN OMSET AND OF APPLY  STORY  County State  19 6 C, that (1) (we) last date and haur and fram the  20 DATE SIGNED  11 4 68  21 23 6  (County) (State)	
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	ł .	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN		d. rine m		(Kind of wark a	done 12b	KIND OF B	JUSINESS OR
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12		USUAL RESIDENCE (Where deceasion) STATE As./	sed lived, if in:	stitution; Residence before		YES NO		REET AND NUMBE			
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		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	FD RY-	m und		1 1.	a des			BETWEEN ON	SET AND GEATH
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		rise to immediate couse (a),	(b).								
Donot, Generalian, or removol, one in any event,		stating the underlying cause	DUE 10,	OR AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER/	NINAL DISEASE OR (	CONDITION GIVE	N IN PART I(a)			A
				ten of		lest A	ute 5	Venku	indur	in a	lornia
	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FO	R WHICH OPERATION WAS PE	RFORMED 20a.	AUTOPSY?	20b. IF	YES, WERE FINDI	NGS CONSIDER	RED IN CEF	RTIFYING
X	TIFIC	,	"		YE:	NO [	CAUSES	OF DEATH?			
		21a ACCIDENT WAS UNDERLY		AE OF INJURY	21c HOW INJURY	OCCURRED (Ente	r nature of injui	ry in Part 3 ar Pa	art 2, Item 18	1.)	
	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF OE (If either, notify medical exam		A.M. Month Day Yeor P.M							
	ME	21d INJURY OCCURRED 21d	PLACE OF INJU	JRY (AT HOME, FARM, STREET, FA	CTORY,) 211 LOCATION	Street or R.F.D. No.	City	ar Tawn	Cour	ıly	State
		at wark at wark									
		22a. I certify that (I) (t	his haspital)	attended the deceas	ed fram	194	. to	2 100	., 1968	_, that	(I) (we) last
		saw the deceased	alive an o) (ew) (l)ce	did) (did na) view the	body ofter death.	i (my) (our) api	inian aeath c	accurred an tr	te date and	a naur a	ind from the
		22b. SIGNATURE	P(1) (110) (1	117					22c DATE SI	GNED	
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		22d. PHYSICIAN'S		0	22e.	ADDRESS					<i>y</i>
1		NAME (Type) Jol	HN C.	HYLE A	1 D T	7527 B	ELAIR	ROAD	2/2	136	
-	230	BURIAL, CREMATION, 23b	DATE		CEMETERY OR CREMATOR	RY		ON (City or Town)	(Cou	nty)	(State)
1			1-6-68	Pa	rkwood Ceme	tenu		alto. 14	1.		
1	24.	FUNERAL DIRECTOR		MODILLY		234. NEC D 0	Y REGISTRAR		TRAR'S SIGNAT		
768/1		John C. Mil	lon Ina	"+15 Selai	n. Rd2120	5 DATE NE	V 1 Z 1	SHR 00	Charle	Lac.	del



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8, Year 19 68

INDUSTRY

168

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

County

(County)

YESTEX

Baltimore M.D.

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State

2b HOUR

7:50A

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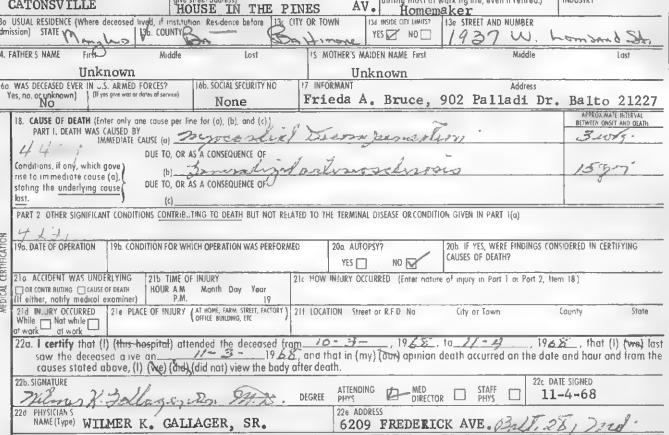
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Day

Undetermined monner 22b DATE SIGNED November 8,1968 Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 25b REG STRAR S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15471 15465 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH Month NOV Day 4, (Type or print) ANNA **BEHN** Μ 4. RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER TYEAR FEMALE WHITE 638 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Germany BALT IMORE U. S. A. WIDOWED [ DIVORCED [ IQ. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION OF PROSPERING 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR HOUSE IN THE PINES during most of work ng life, even if retired.) INDUSTRY CATONSVILLE 130 USUAL RESIDENCE (Where deceased tiveld, if institution. Residence before CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 🗸 136. COUNTY YES 📈 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAb. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying couse



director, page Shauld be filed VR A15 (4)

and 2

within 24 hours after death.

requires that the death certificate be executed

and

burial-transit permit. Then please burial, cremation, ar removar, and

prior ta

I-transit

24. FUNERAL DIRECTOR

23a BURIAL, CREMATION

REMOVAL (Specify)

11-6-68

23b. DATE

ADDRESS HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

23c NAME OF CEMETERY OR CREMATORY

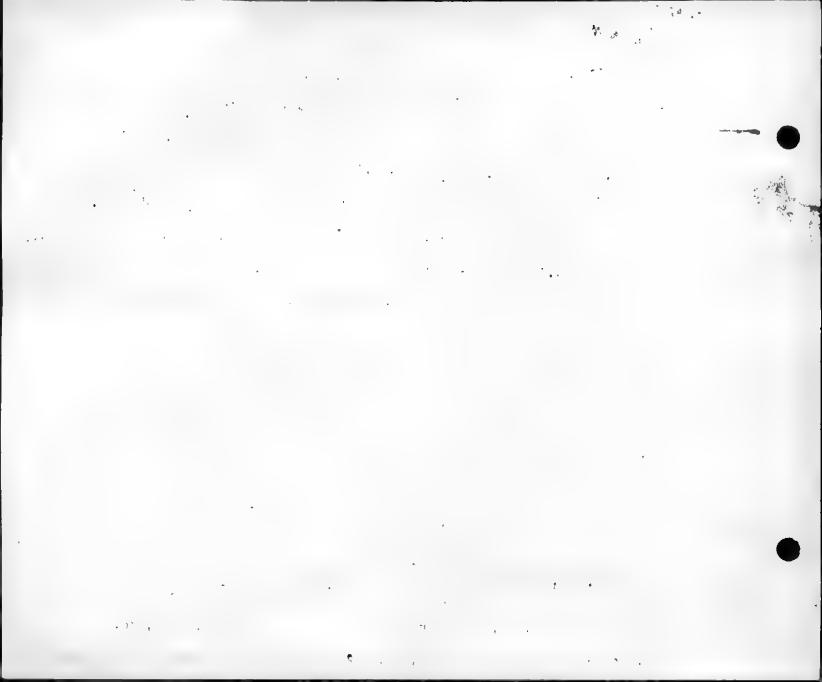
Meadowridge Cemetery

25a. REC'D BY REGISTRAR 1968

23d LOCATION (City or Town)

Dorsey Rd., Baltimore Md. 2Sb REGISTRAR'S SIGNATURE Miarie

(County)





## 15468

MARYLAND STATE DEPARTMENT OF HEALTH ·DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ını			
	2a. DATE KNOWN M	Inth Day	Year 2b_HC
	DEATH MATED	Reduce	119606. 2
iRS	2c DATE PRONOUNCED DEA	D	2d HC
MUN	A Month Dow	Year	

REGISTRAR'S SIGNATURE

154

I. DECEASED NAME (Type or Print)	Firs	if	Middle	Los		2a. DATE KNOWN	Month Day Year 2b HQ
(Type of Fillin)	Franc	ces	Maud	Ber		OF ESTI- DEATH MATED	Vaveriba 9/1968 6 6
3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (In ye				DEAD 2d HOL
Female	White	May 24,	1896	YRS	1,000	Nevembe	201 Year 1987 7
70 BIRTHPLACE (Sto		75. CT ZEN OF WHAT CO	UNTRY? B.	MARRIED NEVER	MARRIED X 9.	COUNTY OF DEATH	7
Detroit M		U.S.A.			DIVORCED 🔲 📗	Baltimore	
10. CITY OR TOWN C			OF HOSPITAL OR INSTITU			OCCUPATION (Kind of wa	
Towson			er Balto.			memaker	
13a USUAL RESIDEN admission) STATI		ised lived, if institution 13b COUNTY Bal	Residence before 13c		13d INSIDE CITY DW 12	TOO STREET HIS HOME	
	PKI.			Towson	YES NO	22440 21	
14 FATHER'S NAME	First	Middle	Lost	IS MOTHER'S		rst Mid	
N. 1000 05551050	John	Α,	Berry			mma S.	
16a. WAS DECEASED E (Yes, 110, Jorsupkno		FORCES?   16b :	SOCIAL SECURITY NO	17 INFORMANT		ADDRES	
NO			1	Presby	terian Ho	me Towson,	~
		nly one cause per in for	(a), (b), and (c)	///		1/ -	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
PART	DEATH WAS CAUSE IMMEDI	ED BY IATE CAUSE (a)	11/12/	19776	res/iv	potostt?	When Sudden
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	any which gave	145	Tonics	bester	Partico	Hom/ VACCI	Shyllespor 11th
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last	nder ying tobse	Late	2 krich	sterio.	For ten	oholy Il.	1/2 3 Davis
PART 2 OTHER	SIGNIFICANT CONC	DITIONS CONTR BUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	A. DISEASE OR COND	ITION GIVEN IN PART IO	p syage
Nager .	/				( D)30/31 O) (0/10	THOU OFFER IN TAKE ITO	
19a. DATE OF O	OPERATION	19b.	CONDITION FOR WHICH	OPERATION	- /		20. AUTOPSY?
월 //	119/	68-	WAS PERFORMED?	1/4/	ar hani	erio Frantis	TRACE YES TO NO F
		216 TIME OF INJUR	Y Month, Doy, Year	21c HOW INJUR	OCCURRED (Enter I	ature of injury in Port For	Part 2 (tem 18)
CAUSE OF DEAL	or Contributing	1 / HORDAN	Jul 180 18	Lo	1115 /4	11 a KAller	Sinc Home
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AT WORK	OT WHILE	ctory, office building, etc.	- 11	1	2/10/	2.10-11x	Acm Ball to
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	esulted from:	Natural causes		- Andrews	l. Homicide [		quiry [], ond in my opinio
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ACTUAL /	OKIL	1/2-1100	-) -3-1	000	CHIEF MEDICAL EXAM		226 DATE-SIGNED /
SIGNATULE	Col Colo	100	Jonnu	M.D	ASSISTANT MEDICAL DEPUTY MEDICAL EX	CAMPONER	MO UNIT SIGNED
EXAMINER'S NAME (Type)	Charle	es F. O'Do	nnell. W	( D -	ADDRESS(Street, city	2	117/100
23a BURIAL CREMA		DATE	23c NAME OF CEME			3d LOCATION (City or Tow	(County) (State)
REMOVAL (Spec	rfv)	11/2371968		ount Crem	1	Balto.	Md.
24 FUNERAL DIRECT		TT/ 474 T 200	S538QQV			PEGISTAR INC.	

6500 York Rd.

Mitchell Wiedefeld Home

25g REC D BY REGISTRAR

DATE NOV 2 6

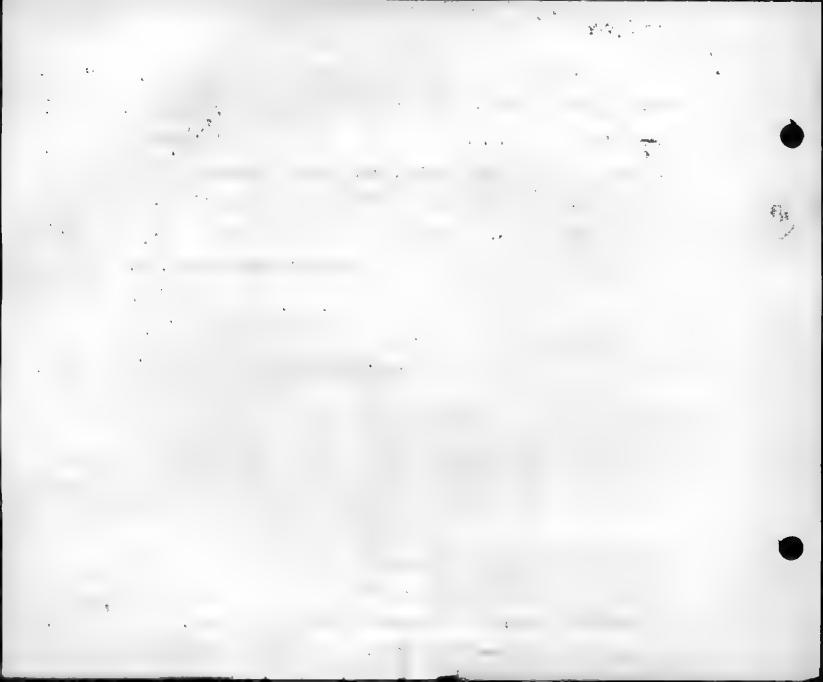
VR A15ME (5) 10M REV 1/68

the funeral director. Page 4 should be farwarded to the Chief Medical Examine? necessary, please execute the certificate, writing the ward "pending" in pencit

This certificate should be executed with

CAL EXAMINER:

O DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15469 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH First Middle Manth P. Berry Lydia 968 Nov. 5. DATE OF BIRTH IF UNDER 1 YEAR 4 RACE 6 AGE (In years last birthday) 82 MONTHS Oct.25.1886 White 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED # DIVORCED Baltimore U.S. 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 815 Braeside Road during most of working life, even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY JANUTS? NO 3 815 Braeside Road Catonsville First Middle 15. MOTHER'S MAIDEN NAME First Smith Deceased 16b SOCIAL SECURITY NO. 17 INFORMANT Mr. Clayton T.Berry.815 Braeside Rd.Catonsvil IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? NO -21c. HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. \_\_Month\_Day 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY. 21f LOCATION Street of R.F.D. No. State City or Town County OFFICE BUILDING, ETC 220. I certify that (I) (this hospital) attended the deceased from 1960, 1960, 1960, 1960, that (I) (we) lost saw the deceased alive on 1960, 1960, and that in (my) (ever) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body offer death 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 21 St. Johns Lane, Ellicott City.

DECEASED NAME death. haurs ofter death. (Type or pnnt) 3. SEX Female 7a BIRTHPLACE (State or foreign Baltimore 10. CITY OR TOWN OF DEATH attending physician and completely permit. Then please remave carban Catonsville burial, cremation, ar removal, and in any event, admission) STATE Mary Land 14. FATHER'S NAME PHYSICIAN: The law requires that the death certificate be ex Deceased 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART ! DEATH WAS CAUSED BY signed by the Conditions, if any, which gave rise to immediate cause (a), Page 4 may be retained by the hospital ar attending physician. stating the underlying cause use as the talk priar to b O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION of Health 21g. ACCIDENT WAS UNDERLYING far OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) page 3 should be detache be filed with the State Dept. 21d INJURY OCCURRED White Not while at wark 22b. SIGNATURE PHYSICIAN S NAME (Type) Dr.Christian Mass director, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION BUTIAL (Specify) Nov.S.1968 24 FUNERAL DIRECTOR 30M REV

Loudon Park Cemetery ADDRESS Witzke Funeral Dir., 1101 Edmondson Ave. Balto.

2Sa. REC'D BY REGISTRAR 1968

Baltimore

23d LOCATION (City or Town)

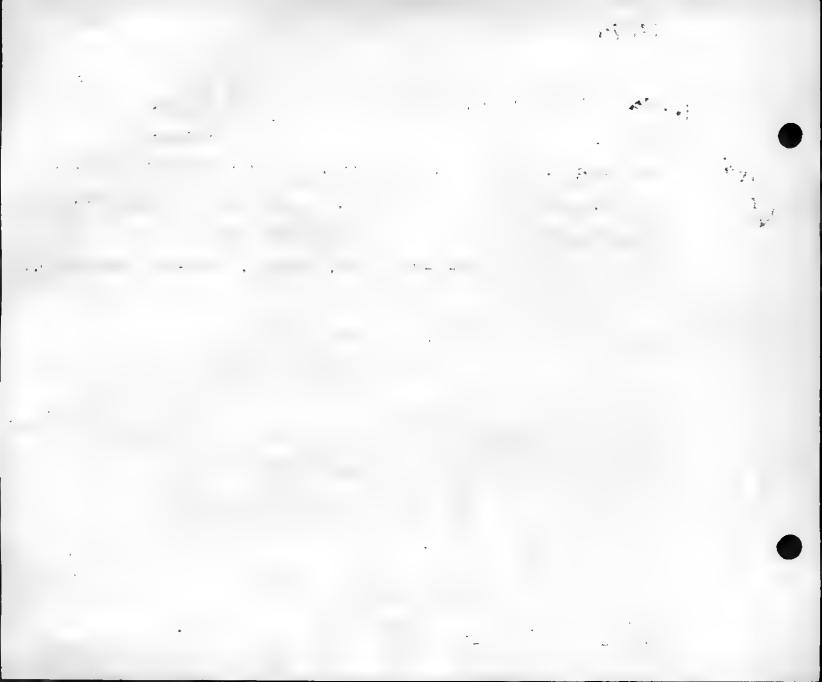
Hary land 2Sb. REGISTRAR'S SIGNATURE

(County)

(State)



1 2	MARYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Morth Day Year 2b. HOUSE (Type or Print)
ay is 3 to Page ant of	JOHN RUSSELL BIRNEY  3 SEY A PACE CONTROL BUTTH A AGE IN MARK FUNDER 24 HIS 27 DATE PRONOUNIED DEAD 24 HOUR
	de therhology   Months   Days   Holles   Mon
PM3	78.7
Departm	70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
t dis	COUNTRY OF BEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Occupation (Kind of work done 12b K.ND OF BUSINESS OR
e Page with	The street address?
_ > <del>-</del> -	Towson Balto Co.    Sales Representive   Tobacco
death.	admission) STATE (12h COUNTY
· SEE SEE F	Maryland    Maryland   Ralto   YES   Mo   411 Gedercroft Rd.     14 FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME   First   Middle   Lost   Lost
of ter and	
within 24 in pencil in Examiner's File pages n 72 haurs	Russell E. Birney  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS
within pencil xamine ile pagi	(Yes, na, or unknown) (If yes give war or dates of service)
with per Exar Exar File	APPRODUMATE NTERVA.
a : a := 4	PART I. DEATH WAS CAUSED BY.
e execui pending sf Medic sit perm	IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF
ef A	Canditions, if any, which gave ) and in the state of Brackle and
ould by	nse to immediate couse (a).    Stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF
2 > = = =	lost. Of Mayor way
s certificate sh s, writing the farwarded ta used as a bu emaval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(d)
icat ing ded ded as c	970
is certificate to, writing the farwarded to used as a temaval, and	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AJTOPSY2  YES NO.
	WAS PERFORMED?
The picture of the pi	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2 Item 18)
INER: T e certifica shauld b files. 3 shauld atian, ar	PRIMARY TOR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH PM. 19  ZId NJURY OCCURRED Zie PLACE OF INJURY (At home form street 21f OCATION Street or R.F.D. No. (1 yor Jown County State
= 3 2 ± 5 5	faster office building and
	WINTE NOT WRITE AT WORK AT WORK AT WORK
DEPUTY SICAL EXCESSORY, please execution of the following properties of the following properties of the properties of the proof of the	22a. I certify that I took charge of the remains described above, held an Autopsyllik Inspection 7. Inquiry 7. and in my opinion
CAL E executor. Part for Part for CTOR: burnal,	death resulted from Notural causes , Accident , Suicide , Hamicide , Undetermined manner
please e retained	CHIEF MEDICA, EXAMINER
y, ple dy programme and programme pr	SIGNATURE CECENTALE TO ASSISTANT MEDICAL EXAMINER 225 DATE SIGNED
DEPUTY cessary, e funera may be FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER (1)
ro DEPUTY necessary, processary, processar	NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, cly, town or county)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23d BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry or Town) (County) (State)
	Buris 12/2/68 Cathedral Cometers Relto
De Care	Burlal  24 FUNERAL DIRECTOR  Wiedefeld Home -6500 York Rd. 21212  DEC 3 1968  Cathedral Cemetery  250 REC'D BY REGISTRAR'S SIGNATURE  DEC 3 1968  Cathedral Cemetery  250 REC'D BY REGISTRAR'S SIGNATURE  DEC 3 1968  Cathedral Cemetery  250 REC'D BY REGISTRAR'S SIGNATURE  DEC 3 1968
VR A15ME (5) 10M REV 1/68	DAULU J 1300 junge



CERTIFICATE OF DEATH

8. MARRIED NEVER MARRIED

OR TOWN

17 INFORMANT

WIDOWED IC

Last

S. DATE OF BIRTH

DIVORCED

IS. MOTHER'S MAIDEN NAME First

13d INSIDE CITY JUMITS?

15483

FUNDER 1 YEAR

INDUSTRY

DAYS

12b KIND OF BUSINESS OR

MONTHS

2b. HOUR

HOURS

Lost

21e PLACE OF INJURY

P.M.

4 RACE

130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before

0 1601

18 CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c)

IMMEDIATE CAUSE (a)

7b. CITEZEN OF WHAT COUNTRY?

Middle

give street address!

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY?

YES 🖂

NO I

CAUSES OF DEATH?

2g. DATE OF DEATH

9. COUNTY OF DEATH

12a USUAL OCCUPATION (Kind of work done

during most of working life, even if retired )

01136 4

NEW

6 AGE

13e STREET AND NUMBER

lin veors

ald ene

TKENE

Middle

lost birthdoy)

21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County State

(AT HOME, FARM, STREET, FACTORY) 2)f LOCATION Street or R.F.D. No. City or Town

22a. I certify that (I) (this haspital) attended the deceased from 1966, 1966, ta 1966, 1966, that (I) (we) last saw the deceased alive an 1966, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did-not) view the bady after death

Month Day Year

Middle

ischoff

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

22b SIGNATURE

PHYS 22e. ADDRESS

DIRECTOR

22c DATE SIGNED

230 BURIAL, CREMATION REMOVAL (Specify)

22d

1547%

DECEASED NAME

(Type or print)

21116/6 7a BIRTHPLACE (State or foreign

10 CITY OR TOWN OF DEATH

14 FATHER'S NAME

Yes, no, or unknown)

atensuille

16g, WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave: rise to immediate cause (a).

stoting the underlying couse

OR CONTRIBUTING [7] CAUSE OF DEATH

(If either, natify medical exominer)

190. DATE OF OPERATION

21d INJURY OCCURRED

While Not while at wark

PHYS CIAN'S NAME (Type)

rountry)

23b DATE

(County) (Stote)

FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR DEC 2

2Sb. REGISTRAR S SIGNATURE

signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages, and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death. peen prior ta b attending as the has director, page 3 should be detached far use 3hould be filed with the State Dept. of Health Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate VR A

24 hours after death

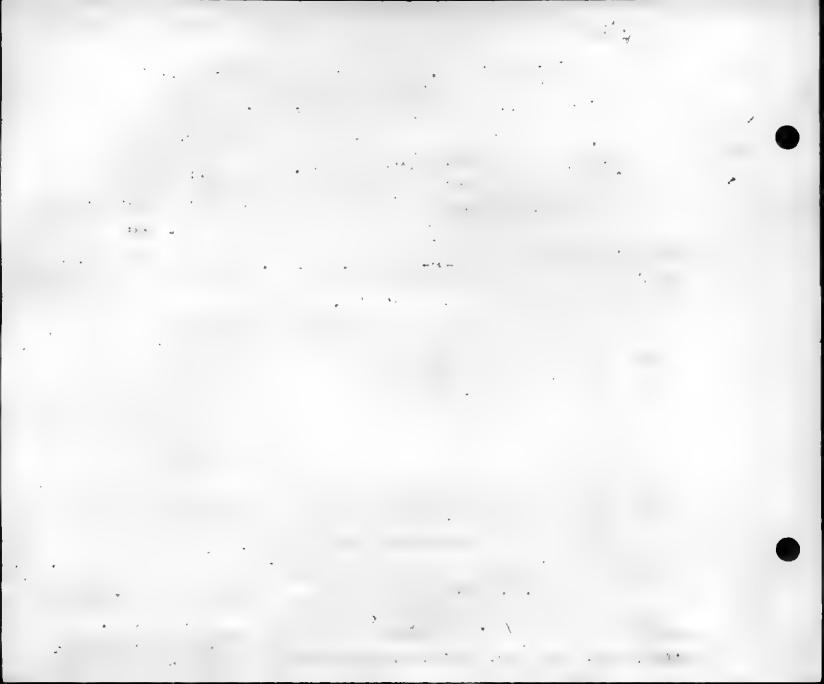
Within

PHYSICIAN: The law requires that the death certificate be executed

ATTENDING

30M REV. 1/68







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.5486 CERTIFICATE OF DEATH DECEASED NAME First death. Middle Lost 20 DATE OF DEATH 25 HO P within 24 haurs after death. ers. Pages 1 and 2 (Type or print) George Blucher 3 SEX 4 RACE 5. DATE OF BARTH 6. AGE (In years IF UNDER I YEAR lost birthday) MONTHS HOURS White Male June 21, 1889 YRS 70 B RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (puntry) U.S.A. Baltimore. Maryland W.DOWED [ DIVORCED TO ease remove carbon pa and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR St. Joseph Hospital during most of working ife, even if retired ) INDUSTRY Towson Gulf Mobil Railroad 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c City OR TOWN 3d INSIDE CITY JIMJIS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY 107 Stocksdale Rd. be execute NO 30 Kingsville 14. FATHER'S NAME Firs! Middle Lost IS MOTHERS MA DEN NAME First Lost George Blucher Pfeifer Agnes physic an The law requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO White hall, Wo 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 334-20-3738 Mrs Norma M. Price 112A West Liberty Road APPROX MATE HITERYAL 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cerebral thrombosis, right hemiplegia permit. DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which gove ) signed by the burial-transit p (b) Hypertensive arteriosclerotic cardiovascular rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF disease: Atrial fibrillation, grade IV stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ir this certificate has been so detached far use as the b tte Dept. af Health priar to b the haspital ar attending Bronchopneumonia 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY2 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗔 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INITIRY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached TO FUNERAL DIRECTOR: After this cerdirector, page 3 should be detached should be filed with the State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while at work 22a. I certify that (this haspital) attended the deceased from 10/17/ , 19 68, to 11/12/ , 19 68, that (we) lost sow the deceased alive on 11/12/ 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the 68, that A (we) lost be retained by couses stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 11/12/68 DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS 7620 York Rd., Towson, Md. 21204 Gualberto Sokim. 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stole) (County) REMOVAL (Specify) Md. Cemetery BURIAL Baltimore Coa 24 FUNERAL DIRECTOR REC'D BY REGISTRAR NOV 1 5 19 2Sb. REGISTRAR'S SIGNATURE VR AIS 7401 ASSAHN FUNCEAL HOME



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13487

	Tours		CERT	IFICATE OF	DEATH					
	DECEASED NAME Firs		Middle	Last		2a DATE O		_		2b. HOUR
	Type or print) France:	Franciszk s Kranxiski	, al	Bober			Manth II	Day 4	1968	9 30 M
3. 5	EX -	4 RACE		S. DATE OF E	BIRTH		6 AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS AUN.
	F		W	Apri	1 5 I88	5	lost birthday	YRS. MU	INSPS DATS	MONEY WIN"
70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	OUNTRY? 8. MAR	RIED NEVER MA	RRIED	COUNTY O	F DEATH			
LOL	Poland	U.S.A	WIDO	WED 🖼 DIV	RCED 🔲		Ba	ltime	ore	Md
10.	CITY OR TOWN OF DEATH  Baltimore		FHOSPITAL OR INSTITUTIO oddress) Fait Avent				Y (Kind of work life, even if rei		12b KIND OF B	BUSINESS OR Home
13a	. USUAL RESIDENCE (Where dece				13d. INSIDE CITY JA		TREET AND NUMI			Tollie
	ssion) STATE Maryla	LIAP COUNTA	ltimore Ba		YES NO			it Av	enue	
14	FATHER S NAME First	Middle	Lost		AIDEN NAME FI	rst	Mic	ddie		lost
	Antho	ny	Wegzyn		Vict	oria			Telka	
ló	J. WAS DECEASED EVER IN U.S. A. Yes, no, or unknown) { (If yes give	PMED FORCESS 16h	SOCIAL SECURITY NO	17. INFORMANT			Add	lress	-	
L	Tes, no, or unknown) 10 785 919	a was or acties or service)		Helen I	.ombardi	6916	Fait A	venu		
	18. CAUSE OF DEATH (Enter		(a), (b), and (c).)							IATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUS	SED BY DIATE CAUSE (a)	LOUTE 1	MYOCAR	P/44	FAIL	URE		OCT	29/68
	141	DUE TO, OR AS A C	ONSEQUENCE OF						-0	- 1/
	Conditions, it any, which gave	() (b) AR	TERIN SCLE	ROTIC C	V. Dis	PEASE	É		2	
	rise to immediate cause (a) stating the underlying cause	DUE TO OBJECT OF	ONSEQUENCE OF							
	lost.	(t)								
	PART 2. OTHER SIGNIFICANT O						1 /		4	-1100
8	4:0;		EBROVA.							E/68
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH O		1			F YES, WERE FINI S OF DEATH?	DINGS CONS	SIDERED IN CEI	RTIFYING
RTF	NONE		NE	YES						
		THE CHAPTER OF STREET		21c. HOW INJURY O	,	noture of inji	ery in Port 1 or	Port 2, Item	n 18.)	
MEDICAL	If either, notify medical examples	miner: P.M.	inth Phy Seat C		NONE					
Σ	21d INJURY OCCURRED 21	e. PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTORY,	21f. LOCATION Str	et or R.F.D. No.	City	y or Town	1	County	State
	at work at work	10 0 1VE		/	VONE					
	22a. I certify that (I) (I	this haspital) attende	d the deceased from	DUNE	15, 19 E	28, 10_	VOV 4	1962	K_, that	(I) (we) losi
	rauses stated aba	alive on	view the bady o	r, and indi in G ofter death.	igor) apir	non aearn	occurred on	ine date	ana naur o	na from the
	22b. SIGNATURE	1.	12 - 0					22c DA1	TE SIGNED	. Ca
	12 4-1ch	in une	ヒカス	DEGREE PHYS	ING 🔀 MI	ED RECTOR	STAFF PHYS.	11.	-J- C	58
	22d. PHYSICIAN'S	SEC 30 COLUMN	NIES NIES	22e. AD	DRESS	CE	hom d			
	NAME (TYPEN/MANU	JEL A SCHIMU	NEW MD		872	011-1	4ST AL	15 4	114	7
230		D. DATE	23c NAME OF CEMETER	RY OR CREMATORY		23d. LOCATI	ION (City or Tow	n)	(County)	(State)
		II-7-I968	St Stani:	slaus Cen	etery	Balt	imore.	Mary	land	
0.4	CLINEDAL DIDECTOR		ADDDECC		I TEC DEC'D DY	DECISTRAD	25h PECT	CTDAD C CIC	CNIATHDE	

VR A15 (4) 30M REV. 1/68

WALTER DABROWSKI 1005 DUNDALK AVENUE

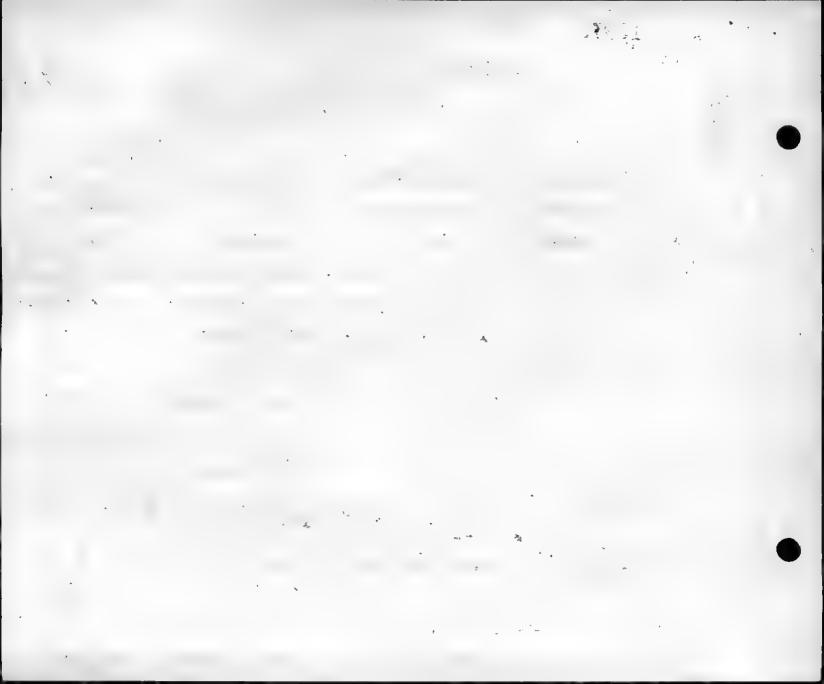
filled-in by the funeral paper. Pages 1 and 2 ithin 72 June 1 filer death.

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and compledication, page 3 shauld be detached for use as the burial-transit permit. Then please remove to shauld be filed with the State Dept of Health priar ta burial, cremation, or removal, and in any even

Page 4 may be retained by the haspital or attending physician.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.



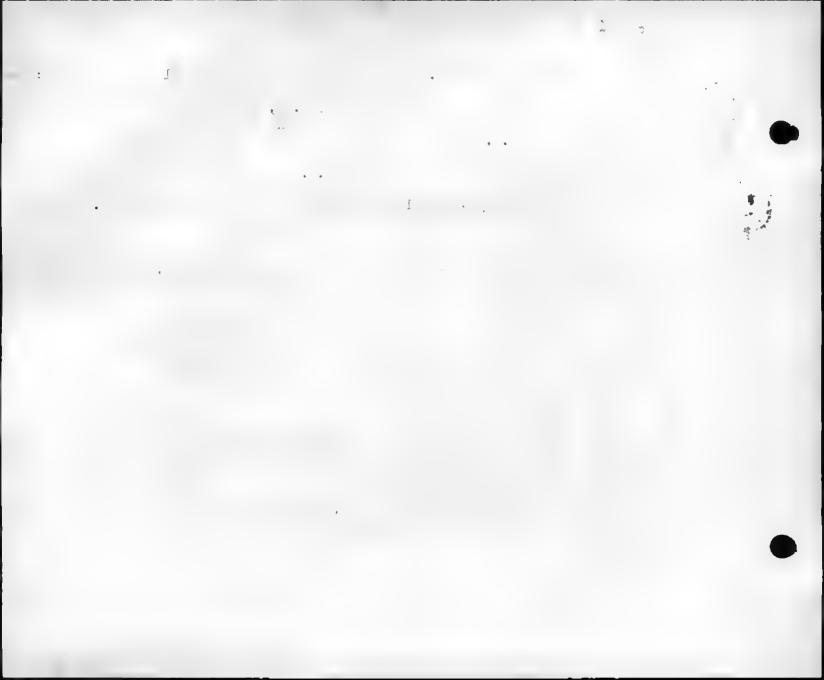
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  $\pm 5488$ 15476 CERTIFICATE OF DEATH Last First Middle 2g, DATE OF DEATH 2b HOUR **DECEASED-NAME** ecuted within 24 haurs after death. (Type or print) Mary C. 9:45am Bolger 3. SEX 4. RACE S. DATE OF BIRTH IF JNDER 1 YEAR 6 AGE (In years last biggay) HÖHIRS Female White Sept. 1, 1890 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore Baltimore County U.S. DIVORCED [ WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast at warking life, even if retired.) Baltimore 21228 Caton Ridge N.H. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 116. COUNTY YES NO TO h209 Euclid Ave 14. FATHER'S NAME 1S. MOTHER S MAIDEN NAME First First Middle Lost Last requires that the death certificate be Thomas Bolger Bridget Fleming 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) 214-26-5954 Caton Ridge Nursing Home, 329 Harlem Lane 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) \_ DUE TO. OR AS A CONSEQUENCE OF Heuro relugie Gastric signed by the burial-transit p Conditions, if any, which gave ) Hasyve rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO FU 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1 = 3 ..., 19 ..., to 1 = 3 ..., 19 ..., to 10 we lost sow the deceased olive on 1 = 3 ..., 19 ..., to 10 we lost occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE-22c. DATE SIGNED DEGREE DIRECTOR VALLE CAVERO NAME (Type) CESAIZ 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON REMOVAL (Specify) 23d. LOCATION (City or Town) (County)

2Sa. REC D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VR A15 (4) 3



<del>≠</del> ′′		TELEPTO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15489
HEALTH DEPT.		FIRST FIRST STEEL
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and 3 and 3 Pe	3 \$	A RACE S DATE OF BIRTH Charges F JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD LOSS brithstory MONTHS BAYS HOURS MAIN. Month 1 Doy 17 Year 68 24 HOURS MAIN.
form P.		SIRTHPLACE (Stole or Toreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 1/1/2 (1/2) A CLO
death e Poges with far he Stote	10 (	11 NAME OF HOSPITAL-OR INSTITUTION (If not in hospital during most of working life even if retired) INOLSTRY /// JULIA ILE
s after 18. Giv t olong with t death		USUAL RES DENCE (Where dedosed lived, if institution) Residence before 13c CITY OR TOWN 7130 HISTORICA LIVE LIMITS? 13e STREET AND NUMBER OF THE S
4 hours office 2 office office office office	14 F	ATHER'S NAME First, Middle Lost Lost Smother's MAIDENNAME First, Nydde Couldry,
within 24 pencil in xapriners satisfactors 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no. or winknown) (If yes give wor or dates of service) 215-01-1617 Security NO. 17 INFORMANT ADDRESS
		18 CAUSE OF DEATH (Enter only one couse per line for (o) (s), and (c)) PART DEATH WAS CAUSED BY  CONTROL OF CO
shauld lie exilicated in word "pending" in o the Chief Medical Eburial-transit permit. Fin any event within		Conditions, if ony, which gove ) The Ley Legisland Conditions, if ony, which gove ) The Legisland Conditions of th
world word the Ch rial-fro		rise to immediate couse (0), stoting the underlying couse   DUE TO, OR A CONSEQUENCE OF
ate g th	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 4201 Chronic Longitude facility.
his certific ate, writin e forwords be used os remaval,	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO 20 AUTOPSY?
	ਤ	216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19
KAMINER: te the certi je 4 should your files. oge 3 shou cremotion,	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, fortory, office building, etc.)  AT WORK AT WORK
		22a   certify that   taak charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my apinia
ICAL I seece tor. Po ed for ed for bundl		death resulted fram, platural causes, Accident , Suicide , Hamicide , Undetermined manner
ease lirection toin to		CHIEF MEDICAL EXAMINER
TY ple y, ble red di di AL D		ACTUAL SIGNATURE
Cessar cessar may b FUNER		EXAMINER'S FT KASIK TR DEPUTY MEDICAL EXAMINER 17/68  ADDRESS(Street, city, town, or county)
the 1	230	BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
		REMBURTED 11-20-68 Woodlawn Cemetery Balto. Co. Maryland
10 11 0 17 (F) A A	24	FUNERAL DIRECTOR ADDRESS 250, REGISTRAS SSIGNATURE 250, REGISTRAS SSIGNATURE
VR A15ME (5) 10M REV 1/68		Johnson Funeral Home 8521 Loch Raven Blyd Pale



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13400

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

29

1968

	15478			(	CERTIF	CATE OF	DEATH	·		20	400	)	
	CEASED NAME	First		Middle		Last		2a. DATE OF 1			v	2b HOU	R
(1	ype ar print) MA	RY	EDN	A	В	OYD		No	Month vember	Day 28 1	Year 968	6:00	)A
3. SE	X		4. RACE	•		S. DATE OF E	IRTH		6 AGF (In years	IF UNI	DER 1 YEAR	IF UNDER 24 1	IRS.
	Female	•	Whit	е		Dec.	14,189	3	last birthday)	rrs.	D UATS	MUUKS	YIN.
	SIRTHPLACE (State or fare	egn 7	b. CITIZEN OF WH	AT COUNTRY?	8 MARRIE	D NEVER MA		9 COUNTY OF					
(aur	Maryland		USA		WIDOWE		RCED 🗍	Ba	ltimore				Mo
10. 0	Towson		give si	ME OF HOSPITAL OR IN: treet address) St. Josep	,		during ma	L OCCUPATION ( ist of working li memaker	Kind of work do ife, even if retire	one 12 d) IN	b, KIND OF Dustry	BUSINESS OR	
13a	USUAL RESIDENCE (Where	e deceased	l lived, if institute	an Residence befare	13c CITY	OR TOWN	T3d INSIDE CITY LIA		EET AND NUMBER	2			
admi	issian) STATE Mansolan	d	136 COUNTY	· minu d	Bal	timore	AE2 NO	540	5 Morel	lo Rd	l. 2	1214	
14. [	FATHER S NAME First		Middle	Last			AIDEN NAME FI		Middl			Last	
	Dav	åd	Ε.	Dick			M	arian		The	mps	n	
16a Y	WAS DECEASED EVER IN 'es, no or unknown)	U.S. ARME Eyes give war	D FORCES? or dates of service)	160 SOCIAL SECURITY 217-16	NO. 87-D	informant Mr. Wal	ter Bey	d, Jr.	103 Gran	n G	123L	l.	
	18. CAUSE OF DEATH (	Enter anly	ane cause ner lin	e far (a) (b) and (c)	1	•						MATE INTERVAL ONSET AND GEATH	
	DADT 1 OF ATH U/A	CALICED	DV.	ssive inf		on of e	mall hos	tro I			BETANEEN	UNACI NAD OURT	_
	197.1	IMMEDIAL		S A CONSEQUENCE OF	are GL	OIT OT 8	BELLI DI	WCI					
	Canditians, if any, which	h gave )	,				n + hmom	horis					
	rise to immediate cau	se (a), (	(b)_ <u>GB11</u>	perior me	stellanne:	ric ver	design reside	DOSTS					_
	stating the underlying	couse		rgical re	nnin	of iniu	rad sun	erior m	esenter	ie ve	in		
	PART 2 OTHER SIGNIFIC	ANT COND											_
	177			emicolect					( )				
CERTIFICATION	19a DATE OF OPERATION	19b. CC		CH OPERATION WAS PE	-	200 AUT	OPSY?		YES, WERE FINDIN OF DEATH?	IGS CONSID	ERED IN	CERTIFYING	
ERTI	21g. ACCIDENT WAS UN	INEDI VING	1215 TIME OF	TUILIDY	210			neture of inum	y in Part 1 ar Poi	rt 2 Harry 1	19.)		_
MEDICAL C	OR CONTRIBUTING CAL	ise of OEATH	HOUR A.M. P.M.	Manth Day Year	9				y Ri Puli I ul Pul				
×	21d INJURY OCCURRED While Nat while at wark	]	,	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	- '				ar Town		unty	State	
	22a. I certify that	(I) (this	haspital) atte	ended the deceas	ed fram_	Novembe	r 1319.6	18_, ta1	Vov.28	, 19 <u>68</u>	, tha	t (I) (we)	las
	saw the dece causes stated	ased ali labave,	ve an <u>No<b>v</b>e</u> (I) (we)(did)(	ember 28 (did not) view the	19 <u>_68</u> c bady afte	ınd that in (r er death.	ny) (aur) apii	nian death a	ccurred an th	e date a	nd haur	and fram	th
	22b SIGNATURE	111	V 5	1		ATTEND	ING — M	ED $\square$	STACE	22c. DATE			
	, t. Lovi	-76 Ja	treeze	0, 14, 17	DE	GREE PHYS	ING X M	RECTOR L	PHYS L	Nov.	28,	1968	
	22d PHYSICIAN'S	,		,		22e. AD		5	n . 1 .	17.3	0100	<b>N</b> .	
		Chris	<u>tiana Fe</u>	eliciano,	M. D.	76	20 York	Road	Balto.,	Md.	2120	λti ,	
23a.	BURIAL, CREMATION,	23b. D/				DR CREMATORY		23d. LOCATIO	N (City or Town)	,	unty)	(State)	
	REMOVAL (Specify)	172	/5 /68	Parkwa	ed Ce	meterv			Baltime	ra. P	ld -		

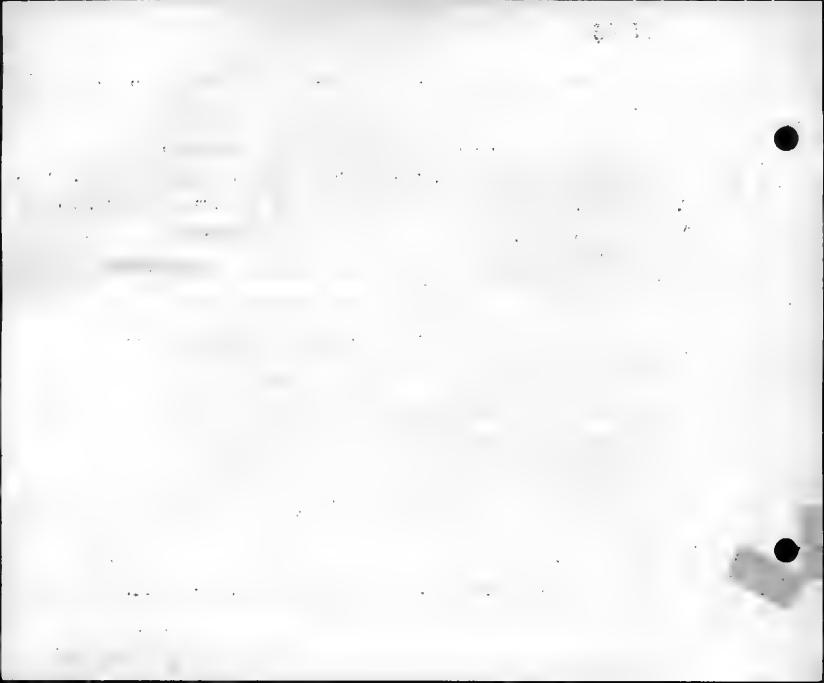
IO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending baysical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 22 hadrs after death. be executed within 24 hours after deoth. and completely filled in by the funeral O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Poge 4 may be retained by the hospital or ottending physician.

10

30M REV 176

24. FUNERAL DIRECTOR
Leenard J. Ruck, Inc. Balte. Md. 21214





and 2 fter death.

funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled the baries. Bedirector, page 3 should be detached for use as the burial transit permit. Then please remave carban pagers. Behauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 12 hours.

VR A15

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5402

	TONGE		ERTIFIC	ATE OF DEATH							
	ECEASED NAME First Type or print) FILEN	Middle THERES	BRAU	NSCHWEIGER	2a. DATE OF DEATH Month	Year.	25 HOUR 20 P				
SE	female	4. RACE white		S. DATE OF BIRTH 1.0-30-191	6. AGE (In years last by rithday)	MONTHS DAYS HO	URS MIN				
o l	BIRTHPLACE (Stote or foreign 7 ntry) Maryland	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED [ WIDOWED ]	MEASK WAKKIED	COUNTY OF DEATH  Baltimore		Md				
	Towson	11. NAME OF HOSPITAL OR INS give street address) St. Jose	ph Hos	pital during mass	OCCUPATION (Kind of work done of working life, even if retired. Onemaker	INDUSTRY -10	NESS OR				
dη	ission) STATE Maryland		Balt	imore YES to NO	2120 772		SEX, 1				
`	FATHER'S NAME FIRST			MOTHER'S MAIDEN NAME Firs	7.	l	tzo				
	WAS DECEASED EVER IN U.S. ARMEI (es, no of unknown) ("Eyes give war	D FORCES? or dates of service)	10.	NFORMANT [1-W.W. H. Br	amschreiger-		ford 8				
	DADY 1 DEATH MISE CALLEED.	ane cause per line for (a), (b) and (c). BY: E CAUSE (a) Acute pulmo DUE TO, OR AS A CONSEQUENCE OF		·dema		APPROXIMATE BETWIEN ONSET	NTERVAL AND DEATH				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (b) Congestive heart failure  DUE TO, OR AS A CONSEQUENCE OF  (c) Mitral stenosis										
		ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
TIFICATION		ONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING				
DICAL CER	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUST OF DEATH	HOUR A.M. Month Doy Year P.M. 19	,	·	ature of injury in Part 1 or Part 1	2, Item 18.)					
MEDI	While Not while at work	LACE OF INJURY ( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.			City or Town	County	State				
	saw the deceased all	haspital) attended the decease ve an 11/6/ 1 (1)/(we) (did) (did nat) view the l	9_ <b>68</b> , and	d that in (my) (our) opini	8, ta 11/6/, I an death accurred an the	9 <u>68</u> , that 🐴 date and haur and	(we) last I fram the				
	22b. SIGNATURE	Youl G. M.	D- DEGR	111.3		L/7/68					
		ld6 Orjuela-Gomez,			Rd., Towson, 1						
_		-11-68 BALTO	1 1	TOWAL (EH.	23d. LOCATION (City of Town)	Mo.	State)				
1	THINERAL DIRECTOR	-2334 Kittle	usa	DATE NO	registrar 25b registral	Corles Jus	lgh				



1548%

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

REC'D BY REGISTRAR

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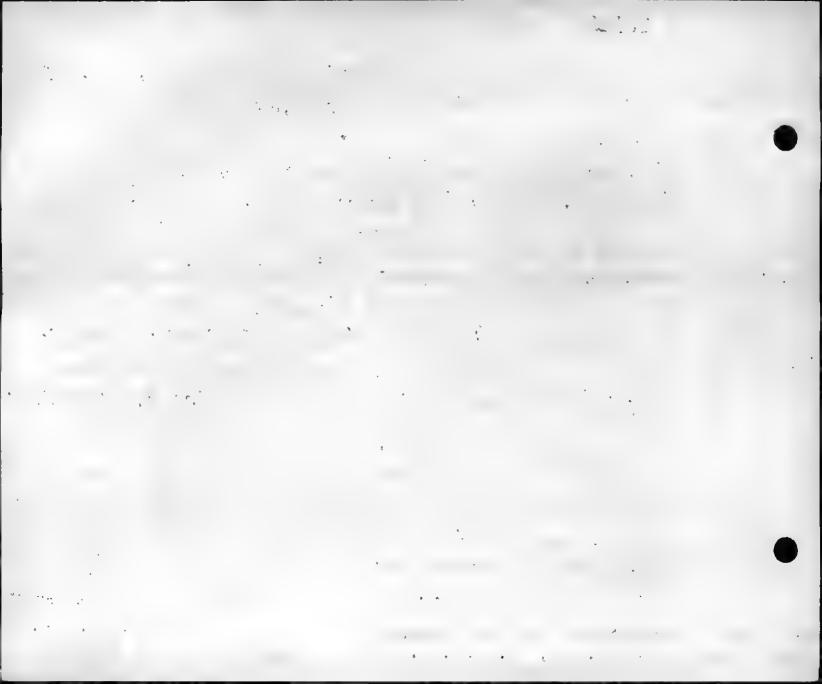
1968

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П				(	EKTIFICATE	OF DEATH				
		CEASED-NAME First Ype_or print) ELTZ	ABE TH	Middle	BREIDENB		20. DATE OF DEATH	onth 6, Doy	1968°°°	2b. HOURD
	3 SE	X Famale	4 RACE Thi	.te		of Birth y 10,1881	inel	(In years buthdoy) YRS	IF UNDER 1 YEAR MONTHS OAYS	IF JNDER 24 HRS HOURS MIN.
	7o. 8	BIRTHPLACE (Stote or foreign stry) Maryland	76. CITIZEN OF WHAT C USA		8. MARRIED NEVI	R MARRIED	9. COUNTY OF DEATH	Baltin	more	Md.
`	10 C	Towson			TITUTION (If not in hos Janor Nurs		L OCCUPATION (Kind of set of working I fe ev Housowill		125 KIND OF INDUSTRY	BUSINESS OR
		USUAL RESIDENCE (Where decease ission) STATE Md.	d lived, funstitution in Lab COUNTY Bal	Residence before timore	Glen Arm	YES NO	Mils?   13e STREET AN			
	14 F	TATHER'S NAME First  James	Middle M		ngs <b>le</b> y	R'S MAIDEN NAME FI Ida		Middle	Baker	Lost
		WAS DECEASED EVER IN U.S. ARM espino or unknown) (If yes give wi	ED FORCES? 16b or or dates of service)	SOCIAL SECURITY N			idenbaugh	Address Same	-	CIMATE INTERVAL
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	PENT CONSEQUENCE OF	ENSIVE	Cardin	-allune Vaseula	n Dis	41	ONST AND DEATH SONTKS
ş r <sup>2</sup>	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON  190 DATE OF OPERATION 190 O  210 ACCIDENT WAS UNDERLYIN	The rough	PERATION WAS PE	REFORMED 200	COMATO AUTOPSY? ES NO [4]	20b. IF YES, W	PERE FINDINGS CO		ed Hip,
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin 2 Id. INJURY OCCURRED VINE Not while of work of work	er) P.M. Place of injury (ATH	OME FARM, STREET, FAC E BUILDING ETC		Street or R.F.D. No.	City or Tow	rft	County	Stote
	5	22a 1 certify that (1) (thi saw the deceased al causes stated abave	ve on 11	160_1	9 and that		O, to	ed an the da		t (I) (we) last and from the
	1	225. SGNATÚRY 226. AFRICAN'S	Hudo	ou 1	DEGREE P	IYS D	IED. STAFF		DATE SIGNED	68
	,		Cord Hudson	M.D.	11	e. ADDRESS	ork, Md			
		BUR AL, CREMATION, 23b [	ATE /0/68	23c NAME OF	CEMETERY OR CREMAT	ORY	23d LOCATION (City	or Town)	(County)	(State)

VR A15 (4) 30M REV. 1/68

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Balto. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.5 4 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE FAITH DERI DECEASED NAME First Middle Lost 2a DATE KNOWN (Type or Print) OF ESTI-MARITA BROWN Page Elizabeth DEATH MATED IF LNDER 1 YEAR IF HINDER 24 HRS 4 RACE S DATE OF BIRTH 2c DATE/PRONOUNCED DEAD 3 SEX 6 AGE ( n years pub lost birthday) MONTHS AUFFICE female Colored 1-7-1900 YRS 7g BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) GIWOGIW DIVORCED Baltimore the Stote S. & WITH 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) give street address) #ND..STRY Give Town on with t 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CIY OR TOWN admission) STATE 136. COUNTY YESY NO 3309 Liber Baltimerd land 2 after 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME Charles Henry Stanten Eliza NMN Summers haurs pages Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESBalte, Md (Yes, no ar unknown) 216-20-0932 Reger Brewn 3309 Liberty Hets Ave Fle within be executed 18 CAUSE OF DEATH (Enter only one cause per line for (pt. (b), and (c)) permit. forwarded to the Chief Medical PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave rise ta immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ puo certificate PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 00 removol, nsed 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate, YES 🖂 NO [ pe 210 EXTERNAL CAUSE WAS è 21b TIME OF IN. JRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of njury in Part 1 ar Part 2, Item 18) 3 should MEDICAL PR MARY OR CONTR BUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF N.JRY (At hame, farm, street, 21f (OCATION Street or R.E.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a 1 certify that I taak charge of the remains described above, held an Autopsy 1 Inspection . Inquiry , and in my apinian death resulted from. Suicide Natural causes Accident Hamicide Undetermined manner PHIEF MEDICAL EXAMINER 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Heolth O'Donnell, M.D. Charles ADDRESS(Street, city, town, or county) Balte AG. Me 50 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Burial (Specify) 11-11-1968 Fairview 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR Minarles DATENOV 1 2 C.E. Hicks, 111 Frederick, Md 1968 VR A15ME (5; 10M REV 1/68

24. FUNERAL DIRECTOR

VR A35 (À) 30M REV 1/68 emeter

25o. REC'D BY REGISTRAR

1968

25b REGISTRAR S SIGNATURE





DIVISION OF VITAL RECORDS, 301 W. CEDTIE

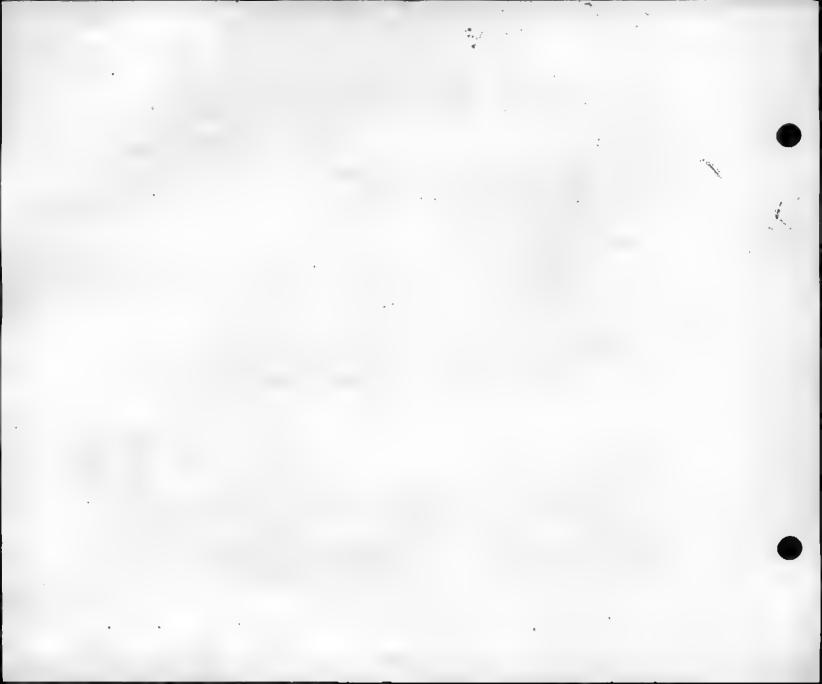
PRESTON STREE	T, BALTIMORE,	MARYLAND	21201	104	£ 11
CATE OF DE	EATH				

						CEVIII	TCATE OF	DEATH							
	CEASED-NAME	F	irst		Middle		Last		2a [	DATE OF DEA	TH	V		2b. I	HOUR
(1	ype ar print)	MILDR	ED	A	GNES	BUEHL	ER		Nov	vember	Manth 16	1968"	ear		30AM
3 SE	X		4	RACE			S. DATE OF	BIRTH				AF JMDER 1	VEAR Days	IF UNDER	24 HRS.
F	Temale				White		Nov.	24,	191.	2 5	st burthday)	S. MORINS	19113	nomes	mizi.
7a B	BIRTHPLACE (State	te ar fareign	7b.	CITIZEN OF WH	IAT COUNTRY?	8. MARR	ED 🖪 NEVER MA	IRRIED [	9. <b>COU</b>	NTY OF DEA	TH				
Cutsi	Maryla	nd		USA		WIDOW	ED 🗍 DIV	ORCED [	Ba	altimo	re				Md
10. C	ITY OR TOWN O	F DEATH			ME OF HOSPITAL OF treet address)	R INSTITUTION (	lf nat in haspital				d of work don even if retired			BUSINESS	OR
	noawo!			St	<ul> <li>Joseph</li> </ul>					naker	6481111111111100	.)	11/4		
		CE (Where de	ceased li	ved, if institute	an Residence befo	ore 13c CITY	OR TOWN	13d. INSIDE CITY			AND NUMBER				
ria	ery alate			3b Barri	nore	Balt	imore	YES	NO 🙀	714 N	urdock	Road			
14. F	ATHER'S NAME	First		Middle	Las	t	15. MOTHER'S				Middle			Last	
				e F.	Appel			Kat	ther	ine		Peter	30°	n	
16a. Y	WAS DECEASED es, na, or unknow	EVER IN U.S.	ARMED F	ORCES? lates of service)	166 SOCIAL SECUR		7 INFORMANT				Address				
	No	"			212-07	<u>-285</u> 9	Mr. (	hrist	tian	Bueh	ıler	(Sam			
	18. CAUSE OF	DEATH (Enter	r anly ar	ie cause per lin	ne for (a), (b), and	(c).)								MATE INTER	
		eath was ca IMM	EDIATE C	AUSE (a) Co	ngestive	heart	failur	0							
	394	0		DUE TO, OR A	S A CONSEQUENCE	OF									
	Canditians if a			(b) <b>mi</b>	tral ste	nosis	and ins	uffici	ency						
	stating the ur				S A CONSEQUENCE										
	last		-,		eumatic										
			CONDITI	ONS <u>Contribut</u>	TING TO DEATH BU	T NOT RELATE	TO THE TERMIN	AL DISEASE OF	R CONDITIO	ON GIVEN IN	PART I(a)				
NO	7/4														
CERTIFICATION	19a. DATE OF O	PERATION	196. CONI	DITION FOR WHI	ICH OPERATION WA	S PERFORMED	20a AU			20b. IF YES, CAUSES OF	WERE FINDING	S CONSIDEREI	) IN CE	ERTIFYING	ō
RTIFI							YES [								
	21g. ACCIDENT			21b. TIME OF	Month Day Y		. HOW INJURY O	CCURRED (En	iter nature	at injury in	Part 3 ar Part	2, Item 18.)			
■EDICAL	(If either, natif	y medical ex	aminer)	P.M.	,	19									
	21d. INJURY O While - Nat	((URRED	21e. PLAC	E OF INJURY	AT HOME, FARM, STREE OFFICE BUILDING, ETC.	r, FACTORY,) 21	LOCATION Str	eet ar R.F.D. N	Na.	City or T	awn	County		S	State
	While Nat	wark L												411. 4	
	22a. 1 certi	fy that (L)	(this h	aspital) atte	ended the dece	ased from.	Nov. 1	3 , 19.	-68	to Nov.	16—,	19 <u>.68</u> .,	that	(1) (w	e) last
	causes	stated ab	a alive ave, 🛱	(we) (did)	(d)d/h/t/Kview t	he bady aft	ana mai iii ç er death.	idd (ani) a	ринин	ream acci	rrea un ine	uore ana	liant i	una ma	)III IIIe
	22b. SIGNATUR		1 1									2c DATE SIGN	VED		
	1	whit	Mil	mens	My	D	EGREE PHYS	DING	MED. Director		AFF No	ov. 16	.10	968	
	22d. PHYSICIAN	VS Class	- 1		iciano,	M D	22a. AL	DRESS	. Ra	Тогг	son, Md	27.20	الا		
	NAME (Ty								, 14U.	, _OW:	SUII, III	ه کنگا	J**		
23a.	BURIAL, CREMA		36 DATE				OR CREMATORY			,	ity ar Town)	(Count		(State	3}
	REMOVAL (Spec		11/	19/68	Holy	Rede	emer (	emete	ery	Bal	timor	e, <sup>M</sup> c			
	FUNERAL DIRECT		73	N deen	ADDR		7	2So. RECD	BY REGIS	TRAR	25b REGISTRA	R S SIGNATU	No.	44	
j	Leon'r	d J.	Ruc	k. In	c. Balt	.IId 2	1214	DATE	A. T.Q.	1700	1		1	7	

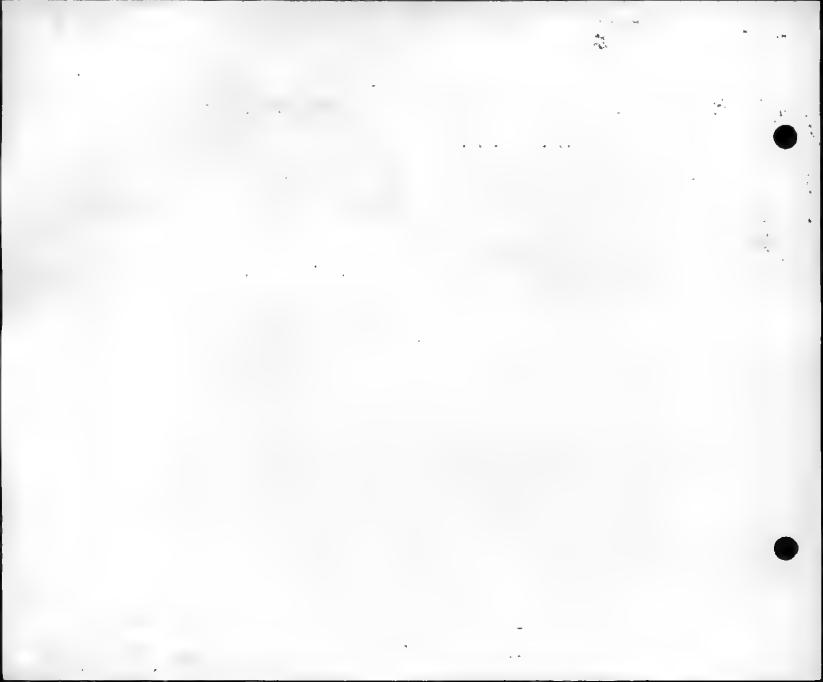
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72 hours after death. xecuted within 24 hm **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certi Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2a. DATE OF DEATH 26 HOUR xecuted within 24 haurs after deoth. (Type or print) 30 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF LINDER YEAR lost birthdoy) HOURS 7o. BIRTHP. ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED THE NEVER MARR ED XXXXXBALTO.MD. U.S.A. XXXXXXXXXXXX WIDOWED [7] DIVORCED [ BALTIMORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address) ¿ AT HOME GARRISON 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c KITY OR TOWN 3d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY YES X1 please remove 14 FATHER'S NAME First Middle Last IS. MOTHER'S MA DEN NAME First TUCKER SARAH FREEMAN SAMUEL 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no. or unknown) ( † yes give war or dates of service) MRS. RUTH HECHT. 3605 FERNHILL AVENUE #21215 requires that the death certif 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a). stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 140) has been 190, DATE OF OPERATION 20a, ALTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH'S YES | NO | O FUNERAL DIRECTOR: After this certificate 2 a. ACCIDENT WAS UNDERLYING 2ic HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) 216. TIME OF INJURY TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town COLITY Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 6-1, 1967 to 11-24, 1968, that (1) (we) last saw the deceased alver on 11/24 1968, and that in (my) (our) apinian death occurred on the date and hour and from the 1968, and that in (my Llour) apinian death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING director, page should be filed filed DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22a. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMAT ON BALTIMORE, MARYLAND 11-26-68 MIKRO KODESH BETH ISRAEL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b REGISTRAD S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carried pages. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 pursafter death.

VR A15 (4) 30M REV 1 / 68

TO HOSPITAL OR ATTENDING PHYSICIAN: The Yaw requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15500

CERTIFICATE OF DEATH

				CENTIL	CAIL OI	PEAIII						
I. DECEASED-NAME	First		Middle		Last		2a. I	DATE OF DEATH		v	2b.	HOUR
(Type or print)	Jame	5	P		Burke				lanth Do	196	8 7	A.M
. SEX		4. RACE		-	S DATE OF E	IRTH		6. AC	E (n years	IF JNDER I YEAR	R IF UNDE	R 24 HRS.
Male		White			March	14,	1896	105	birthdoy) 72 YRS.	MUNIUS DA	13 RIUUKS	Int. of
a BIRTHPLACE (State	or fareign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MA	RRIED		INTY OF DEAT				
Maryland		U.S.A.		WIDOWE		RCED 🗍	Ba	ltimor	٥,			Mi
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN	STITUTION (I	finat in haspital				af wark dane ven if retired.)		OF BUSINES	SS OR
Towson		St	street address)  Joseph	Hospit	tal	As	sist	Stor	e Keei			El
	(Where decease	d fived, if instituti 13% COUNTY	ian. Residence before			TBG INSIDE CT	A FIWITZS	13e STREET A	NO NUMBER			
Maryl and		ISP. COUNTY		Balti	more	YES 💢	NG 🗌	3724	Yolando	Rd.		
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S A	AIDEN NAME	First		Middle		Last	
	ohn	F	Burke			Mai	rgar	ret		Kea	avne	V
16a. WAS DECEASED ET Yes, na, ar unknawr	VER IN U.S. ARMI	D FORCES?	16b. SOCIAL SECURITY		. INFORMANT				Address			
Yes	W	N 1	212-05-	6442	Mr.	<u>Gen</u>	evie	eve E	Burke_	Sar		
			ne far (a), (b), and (c)								OXIMATE INTE	
PART I. DEA	TH WAS CAUSED IMMEDIAT	BY. E CAUSE (a)	Congesti	ve hea	art fai	Lure						
4109		DUE TO, OR A	AS A CONSEQUENCE OF									
Canditians, if an		(b)	Recurren	t ante	ero-late	eral m	yoca	rdial_	infarct	ion.		
stating the und		DUE TO, OR A	AS A CONSEQUENCE OF									
last.	)	(c)										
PART 2. OTHER S	SIGNIFICANT CON	ITIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED	TO THE TERMIN	AL DISEASE O	R CONDITIO	ON GIVEN IN P	ART 1(a)			
8 /			<del></del>					Lant is use i	Mana Shirahi as	20110101000	A CENTURE	
190. DATE OF OPE	RATION 196. C	ONDITION FOR WH	ICH OPERATION WAS PI				_	20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?			CEKIIFTII	16
E COPCHE II	ACRE TIMES DEVINE	Lau euro	I lastificate	lai	YES T							
21a. ACCIDENT V  ☐ OR CONTRIBUTING					HOW INJURY O	COKKED (En	ner nature	e at injury in t	art I ar Part 2,	(.61 meri		
a fill either, natily	medical examin	er) P.M	1	9								
	URRED 21e.	LACE OF INJURY	AT HOME, FARM, STREET, FA	CIORT J 211.	LOCATION Stre	et ar R.F.D. I	Na.	City or To	WA	County		State
While Nat w	ark 🗀	4 6 8 6			70/27/		40	A- 47 /	- 10	70 11	. 107	2.1
22a. I certify	that (L) (this	hospitol) atte	ended the deceas	ed trom_ 19.68 a	nd that in (r	, 19.	<u>DO</u> ,	footh occur	<b>3/</b> , 15	ote and ha	iat (A) (A	ve) las
22a. I certify that (this hospital) attended the deceased from 10/31/, 19.68, to 11/6/, 19.68, that saw the deceased above on 11/6/, 19.68, and that in (my) (our) opinion death occurred an the date and hour causes stated above. (1) (we) (did) (did nat) view the bady after death.									or und tr	OIII III		
22b. SIGNATURE		100		•		400	MED	CTA		DATE SIGNED		
	12	XImil	1, NC.	DE OF	GREE PHYS	NG	MED DIRECTOI	R STA	5. 🗷 1	1/6/68		
22d. PHYSICIAN'S			-37- 0	_ 14 3	22e. AD		1. 70.2	m	163	07.05	1.	
NAME (Type	меуца	ido ⊌rju	el/a-Gome			O Ior			son, Md	• STSO	4	
23a. BURIAL, CREMATI REMOVAL (Specific		ATE			R CREMATORY			LOCATION (Cit		(Caunty)	(Stal	ie)
Burial		/9/68	New	Cath	nedral	Inn pres	Ba	altimo	ore Ma	rylan	d	
24. FUNERAL DIRECTO		) T	ADDRESS		3.7.3	2Sa. REC'D	OV	7 196	Sb. REGISTRAR	SIGNATURE	Juda	2
Leonar	G J K11	ck Inc	. Baltim	ore.	Md.	DATE TO	VT	T MO	1	- 100		-



190. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

Month Doy Year

YES | NO [

20o. AUTOPSY?

CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

21d INJURY OCCURRED While Mot while at work 220 I certify that (I) (this hospital) attended the deceased from IVancas (396), to Natreas (31968, that (I) (we) last saw the deceased alive an 11-27-1968, and that in (my) (our) apinion death occurred on the date and hour and from the

OR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner)

21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f tOCATION Street of R.F.D. No

City or Town

County State

couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22d. PHYSICIAN'S

Dr. Barbu Calin

HOUR A.M.

22e. ADDRESS 21 South St. Johns Lahei Ellicott Cita

DEGREE

MED DIRECTOR .

22c DATE SIGNED Md, 21043

23g BURIAL, CREMATION,

NAME (Type)

RING RITARE (Y)

23b DATE 11-30-1968

Moreland Mem. Park Cem.

23c NAME OF CEMETERY OR CREMATORY

23d LOCAT ON (City or Town) Baltimore County, Maryland

(County)

24 FUNERAL DIRECTOR

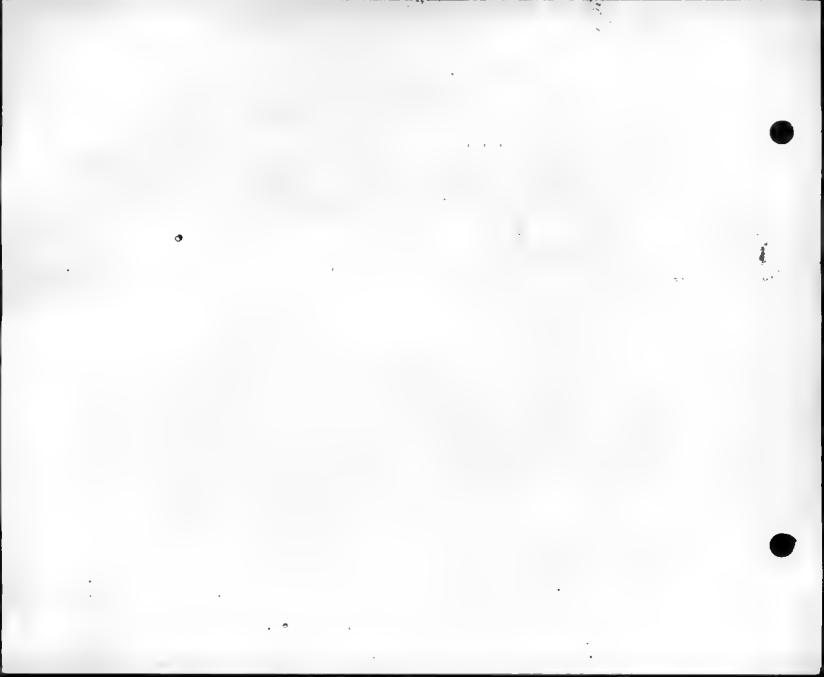
Howard H. Hubbard, 4107 Wilkens Ave.

21229

250 REC D BY REGISTRAR 1968

30M REV 1768

requires that the death certificate be executed within 24 hours ofter death.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

30M REV

Caronsoule, old. 21228

**TO HOSPITAL OR ATTENDING PHYSICIAM:** The law requires that the leath certifid Page 4 may be retained by the haspital or attending physician.

ate Defected within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 3 5 6 2

			-	FIX LILL 1/CW	IL OI DEAL				
	ECEASED-NAME Fit (ype or print) //	VILLIAM	Middle E. BU	JSHNEL	Lost L			αγ Yeor	2b. HOUR_
3. 5		4 RACE			DATE OF BIRTH		VOVEMBER 29	1968 FUNDER YEAR	IF UNDER 24 HRS.
5. S	MALE	/HIT		1	rebruary	16.	1920 48 (In years	MONTHS DAYS	
70. cou	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9 COU	NTY OF DEATH	<del></del>	
_	Itssouri	USA		WIDOWED [			altimore		Mo
	atonsville		of Hospital Or INST Taddress Roan	TITUTION (If not $\cap ke^-D$ ;			JPATION (Kind of work done working wis, even if retired ) J • Engineer	INDUCTOR	Eng.
13a. adm	USUAL RESIDENCE (Where decorssion) STATE A.d.	Tak COUNTY	Residence before Balto.	Cato		NO D	13e STREET AND NUMBER 311 Roanol		
	FATHERS NAME First	Middle	Last		MOTHER'S MAIDEN NAM	ME First	Middle		Lost
	Fra	nk E. Busi	hnell		Harrie	tt Mo	cCormick		
	(es, no, or unknown) (Pryssur	ve wor or dates of secure)	SOCIAL SECURITY NO		ormant Ars Mara	a not	6.44	311 Roc	anoke
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line to		ЛD	norue E	Ten	neral	APPROX	XIMATE INTERVAL ONSET AND DEATH
	157, 9 Conditions, if ony, which gay	DUE TO, OR AS A	CONSEQUENCE OF	mile	ideses	0			
	rise ta immediate cause (o	),( (b)	CONSEQUENCE OF		<del>.</del>				
	stating the underlying cous	(c)	CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICANT (		TO DEATH BUT NO	T RELATED TO	THE TERMINAL DESEASE	OR CONDITIO	ON GIVEN IN PART 1(a)		
25	1.						``		
CERTIFICATION	19a DATE OF OPERATION I	95. CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20g. AUTOPSY? YES NO	) to	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	CERTIFYING
MEDICAL CERT	21a ACCIDENT WAS UNDERL	DEATH HOUR A.M. N	IURY Nonth Doy Year	21c HOV			of injury in Port 1 or Part 2,	, Item 18.)	
ME		TIE. PLACE OF INJURY (AT )	NOME, FARM, STREET, FACT ICE BUILDING, ETC	ORY,) 2if. LOC	ATION Street or R.F.D.	. No	City or Town	County	Stote
	22a I certify that (I) (	(this haspital) attend I alive an 44 9 ave, (I) (we) (did) (did	}}	$\frac{\omega\omega}{\omega}$ , and	that in (my) (aur)		ta <u> </u>	9 <u>@</u> , tha late and haur	t (I) (we) las and fram the
	22b. SIGNATURE Elwh Whi	queson	mil	DEGREE	7 17 7 0	MED. DIRECTOR	R PHYS.	DATE SIGNED	3
	22d PHYSICIAN S NAME (Type)				220. ADDRESS 3	Bull	The Company of the same of the	1229	
23a	REMOVAL (Specify)	Bb. DATE	23c NAME OF C	EMETERY OR C	REMATORY		LOCATION (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR LEVELING	Juneral Estate	ADDRESS	. Nat.	-Cemest C	D-BY REGIS	STRAR 256 REGSTRAR	'S SIGNATURE	
	· ·	lmondson Ave.				DEC 2	1968 PCL	carle a	udas.



CERTIFICATE OF DEATH

	ECEASED-NAME	• First		Middle	la	st	2a. DATE OF DEATH			35. HOUR
.   '	(ype ar print)	COR	INNE	G.	BYER		Nover	lonth Day IDER I	5 <b>1968</b>	OF M
3. S	X		4 RACE		S. DAT	OF BIRTH	6. AG	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female			White	J	uly 25, 18		hirthday) YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State or	fareign	7ъ. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED X NEV	ER MARRIED	9 COUNTY OF DEAT			
cau	Maryla	ınd		U.S.A.	WIDOWED	DIVORCED 🗍	Baltimo	re		Md
10	ITY OR TOWN OF DE	ATH		11. NAME OF HOSPITAL OR IN give street address) 6 800	STITUTION (If not in has	pital 12a LSUA	L OCCUPATION (Kind	of work done	125 KIND OF INDUSTRY	BUSINESS OR
<u></u>	Dundalk					on Road me			1	
130 <b>od</b> m	usual residence (V Issian) STATE Ma	here deceasi	ed lived, if in 3 13b. COUM	stitution: Residence before	13k city or fown Edgemere	YES NO	130 STREET A 2927		ws Poin	t Road
14.	FATHER'S NAME	First	Mide	dle Last	IS. MOTH	ERS MAIDEN NAME F	rst	Middle		Lost
	Hen	ry		Mann		Mary			Branda	u
160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 117. INFORMA			Address		
1	17 0a, ar unknawn)		or dates of servi	(e)	Henr	y L. Byer,	3018 Lib			
	1B. CAUSE OF DEA	TH (Enter anl	y ane cause p	per line for (a), (b) and (c)	4 /	/	0		APPROXII	MATE INTERVAL INSET AND DEATH
	PART 1. DEATH	WAS CAUSED	BY. TE CAUSE (a)	( HY. 1	UNOMA	n nd	CARCO	em e		AND DOMES
	1000	HAINEDHA		OR AS A CONSEQUENCE OF		1	- V / 3		170	
	Conditions if any which gave									MIS
	rise to 'mmed ate		(b)	OR AS A CONSEQUENCE OF						110
L	stating the underli	ving cause	(c)							
	PART 2 OTHER SIGI	NIFICANT CON		TRIBUTING TO DEATH BUT N	IOT RELATED TO THE TE	RMINAL DISEASE ORCO	ONDITION GIVEN IN PA	ART 1(a)		
8	1000									
CERT FICATION	190 DATE OF OPERAL	ION 19b	ONDITION FO	R WHICH OPERATION WAS PE	RFORMED 200	AUTOPSY?		VERE FINDINGS CO	NSIDERED IN CE	RTIFYING
RIFI	VAN.S.6	7 0	17-11	CALLUM		res 🔲 💮 NO 🕒	CAUSES OF DE			-
3	21a ACCIDENT WAS			ME OF INJURY	21c HOW INJU	RY OCCURRED (Enter	nature of injury in P	art 1 ar Part 2, I	tem 1B.)	
MEDICAL	OR CONTRIBUTING [			0.11	9					
ME	21d INJURY OCCUR While Nat while	RED 21e	PLACE OF INJ	URY ( AT HOME, FARM, STREET, FA	CORY.) 2) COCATION	Street or R.F.D. No.	City or Tov	٧n	County	State
	at work — at wark				116	,	,			
	22a. I certify t	nat (I) (thi	s haspital)	attended the deceas	ed framenu	ط 19 م کے		chi./6, 19_	hat کے hat	(I) (we) last
П	saw the d	eceased al	ive an	did (did not) view the	19 C. A. and that	in (my) (o <del>ur) opir</del>	<del>Non</del> death óccuri	ed on the da	te and haur	and from the
causes stated abave, (I) (we) (did) (did nat) view the bady affer death.									<u> </u>	
	1) / L	2/2	-012	5- 101		TTENDING MI	ED. STAF		SI 6	, g.
	22d PHYSICIAN'S	10 0	-		22	e. ADDRESS				
	NAME (Type)	M.B.	Davis	, M.D.		680	0 Morning	ton Road	i i	
<b>2</b> 3 a	BURIAL, CREMAT ON,				CEMETERY OR CREMAT		23d LOCATION (Cit		(Caunty)	(State)
	REMOVAL (Specify)	Mor	- 70	7000 -	7 /4 /					
24.	27 64, 16, 11	NO	7. 19,	1968 Parky	rood Cemete		Parkvil			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timetal director, page 3 should be detached for use as the buriot-transit permit. Then please remove corbon papers. Pages Pend should be filed with the State Dept. of Health priar to buriot, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1550. MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I DECEASED-NAME First 20 DATE KNOWN Month Doy (Type or Print) ESTI-**EDWARD** CARL Page BYER DEATH MATED 11/10/68 19 6 AGE (in years 4 RACE IF UNDER 1 YEAR E UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH and post birthday) November 10 male white 61 YRS 10-10-1907 1968 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (ountry) WIDOWED [ DIVORCED [ U.S.A. Baltimore Balto Co Md 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress), during most of working life, even if retired) INDUSTRY Kingsville 76 Route 1 Own farm 130 LSUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d. (NSIDE CITY LIMITS? 13e. STREET AND NUMBER Mt.Vista 13b. COUNTY Baltimore ddmission) STATE Mary land Kingsville YES 🔲 NO 📆 Box 26% .B elair Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Snyder Rose Godfried Byer pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 21.087 **ADDRESS** be executed within (Yes, no, or unknown) Rosalene Zimmerer Box 268 Kingsville Md 217-48-3580 File 72 APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH burial-transit permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Asphyxia by Bolus DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), This certificate shauld , writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be used 196 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO NO 21b TIME OF INJURY Month, Doy, Year HOUR A.M. UNKM 11/1019 6 210. EXTERNAL CAUSE WAS PRIMARY TO RECONTRIBUTING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 10 11/1019 68 CAUSE OF DEATH asphyxiated by food 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK Baltimore, Md. home 220. I certify that I took charge of the remains described above, held on Autopsy X. Inquiry , one in my opinion Inspection . Accident X . Suicide . deoth resulted from Notural couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED O DEPUT 11/11/68 DEPUTY MEDICAL EXAMINER Werner U. Spitz, **EXAMINER'S** 5 may O FUNE Heasth ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Fork ethodist emeterv Fork Baltimore 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lassahn Funeral Home 7401 Belair Road 21236



30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH

1	1	J	5	0	6	
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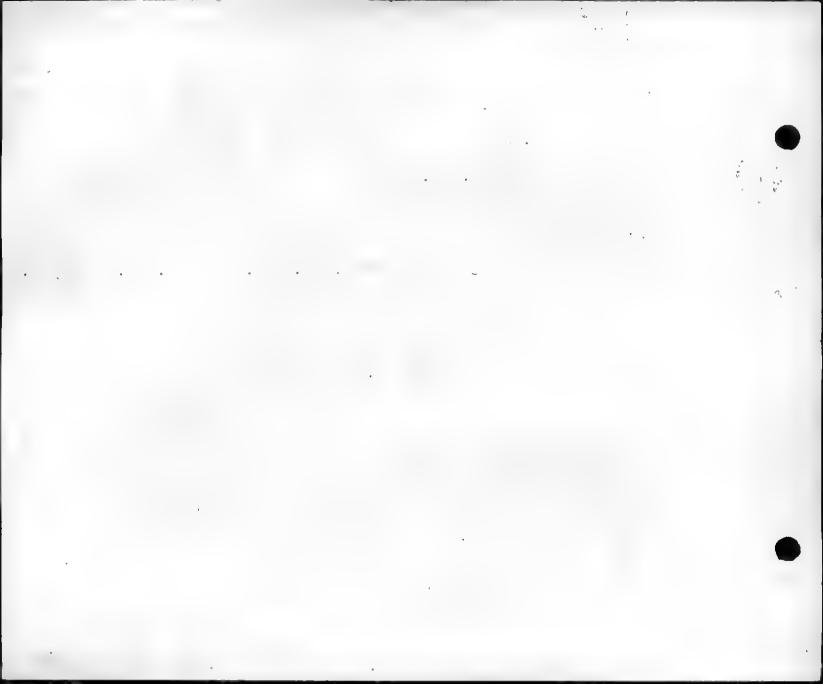
	ECEASED NAME	First		Middle	Los		20 DATE OF DEATH		25 HAUP
	Type or print)	FRANK			CANDA	MTT.	NOVEMBER Month	25, 1968	3:30
3 S	EX MALE		4 RACE			OF BIRTH	6. AGE (In years		IF JINDER 24 HRS
	MANTINE		WHITE		пп	¥ 5. 1905	lost birthdoy)		HOURS MIN
7o.	BIRTHPLACE (Stote	or foreign 71	CITIZEN OF WHAT	OUNTRY?	8 MARRIED NEVE		COUNTY OF DEATH	7K3.	
(0)	ntry) PAIN		U.S.A.			DIVORCED	BATTIMORE		Md
	CITY OR TOWN OF D	DEATH	11 NAME	OF HOSPITAL OR INST	ITUTION (If not in hose	7-1	OCCUPATION (Kind of work of	done 12b KIND O	F BUSINESS OR
	ORT HOWA		give stree VET	ADM. HO	SPITAL	FOR	st of working life, even if retir EMAN	CONS	TRUCTION
0dn	ARY LAND	Where deceosed	lived, if institution: Usb PRINCE	Residence before GEORGE	COLLEGE	PARKES NO			
		First	Middle	Lost		R'S MA DEN NAME FIR	st - Midd	lie	Lost
J	OSE CAND	AMIL			MA	RIA ANTON	TA PINON		607
160	WAS DECEASED EV	ER IN U.S. ARMED	FORCES? 16b	SOCIAL SECURITY NO	17 INFORMAL	41	Addre	255	
	Yes, no esunknown	WW-	rightes of service) 132	2 03 7269	CLIN.	REC., VET	. ADM. HOSP.,	FT. HOWAI	RD. MD.
			one couse per line fo	r (o), (b), and (c).)				APPRÓ) BETWEEN	XIMATE NTERVA. ONSET AND DEATH
	PART I DEAT	H WAS CAUSED B IMMEDIATE		PNEUMON	TA,			RECEN	
	77 X		DUE TO, OR AS A	CONSEQUENCE OF					
	Conditions, if ony rise to ammediat	, which gove	<sub>b</sub> PULAC	MARY ABS	CESSES,			RECEA	IT
1	stoting the unde	e couse (o), ( rlying couse(	DUE TO, OF AS A	CONZECTIENCE "OF	COADE TT	OID DI	CHT PARIETAL A	WD OCCUPI	TENA T
	last							WIN OCCIPI	LIAL
	PART 2 OTHER SI	GNIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TER	MINAL D SEASE OR CO	NOTION GIVEN IN PART 1(o)		
i s	193.								
CERTIFICATION	190 DATE OF OPER	ATION 19b. COI	NDITION FOR WHICH O	PERATION WAS PERF	[	AUTOPSY?	206. IF YES WERE FIND		CERT FYING
1 5						es 🚰 NO 🖂		ES	
	210 ACCIDENT W.		216 TIME OF INJ HOUR A.M. M	JRY onth Dov Year	21c HOW INJUR	Y OCCURRED (Enter	noture of injury in Part 1 or Pa	rt 2, Item 18)	
MEDICAL	(If either, notify it	nedical examiner)	P.M.	19					
₹	21d iNJURY OCCL While Not wh	IRRED 21e PL/	ACE OF INJURY (AT H	OME, FARM, STREET FACTO TE BUILDING, ETC.	21f LOCATION	Street or R F.D. No	City or Town	County	Stote
					70/11	/(0	77/05/6	0	
	22a. I certify	that (I)-(this i deceased alivi	haspital) ettenes	be deceased	trom TO/ TT/	n (my) (a) (a) (a)	ta 11/25/6	, 19, tha	DCX) (we) last
	couses st	ated obove, (	hr (we) (did) (stind	prot) view the b	ody after death.	ir (my) ( <del>ow),</del> apin	ion asom occorred dit til	e date and novi	and from the
	22b. SIGNATURE	1				7.110.110	AT.15	22c. DATE SIGNED	100
	Now	AUM	Della 1	M-D.	DEGREE PH	'ENDING MEI YS DIR	ECTOR PHYS *	11/25/	<b>6</b> 8
	22d. PHYSICIAN S NAME (Type)	INFAN	A. ORER.	M. D.	22e	ADDRESS H FOR	ET HOWARD, MAR	YTAND	
_									
	BURIAL, CREMATIO	N, 23b DAT	/27/68		METERY OR CREMATO	RY	23d LOCAT ON (City or Town)	(County)	(State)
	UREMONAL (Specify)	11/			GTON NATIO		ARLINGTON,	VIRGINIA	
24	FUNERAL DIRECTOR			S. H. HI	NES FUNERA	AL HOVE NO	V 2 9 1968 REGIST	RARE SIGNATURE	
				lith St.	N W WAS	NOTEMST HE	b. 8. 1900 f.	A Paris	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in pyore director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Poge 4 may be retained by the hospital ar ottending physicion.

and 2

within 24 hor

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be of



in by the funerol re: Pages 1 and 2 I hours after death.

TO FINALMAL DIRECTOR: After this certificate has been signed by the memoring physican and completely first in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withmand

VR A15 [4] 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bay

Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13507

CERTIFICATE OF DEATH

				CHICALE OF PEATIT							
	ECEASED-NAME	First	Middle	Lost	20. DATE OF DEATH			2b. HOUR			
	Type or print)	Charles	Vivin	Carey Jr.	Nov.	h loy	<sup>Y</sup> °1968	3:30/9			
3. 5		4. RACE		S DATE OF BIRTH	6. AGE (			UNDER 24 HRS			
	Male		Vhite	Aug. 6,	1923   lost bit	5 yrs	HONTHS DAYS H	IUUKS MIN.			
70	BIRTHPLACE (State or EMC)	7b. CITIZEN OF WHA		MARRIED ANEVER MARRIED	9. COUNTY OF DEATH						
	B altimore			VIDOWED DIVORCED	Baltimor		V	Md			
10	CITY OR TOWN OF DEATH	nive st	ME OF HOSPITAL OR INSERT	Jan US	UAL OCCUPATION (Kind of		125 KIND OF BU	SINESS OR			
	Stevenson, M	d. Gr	reenspring V		most of working life, even B. Supt.		Ratrie,	Robbin			
	dealant CTATE	deceased lived, if institut of 13b COUNTY	on: Residence before	C. CITY OR TOWN 13d INSIDE CITY			. 7.7 D.4				
14	FATHER'S NAME First	Middle	lost	Is, MOTHER'S MAIDEN NAME	12 G1 G0110 p.	Middle	alley Rd	Lost			
14.	Charl				26	Middle	Hov	ery			
160	. WAS DECEASED EVER IN U		16b SOCIAL SECURITY NO.	17 INFORMANT	40	Rhaster	nson, Md.				
	Yes no, or unknown)	yes give war or dates of service)	213-16-4369		Carev.Green						
		nter on y one cause per line		A	, ,	/	APPROX MAT BETWEEN ONSE	E INTERVAL			
	PART 1. DEATH WAS	6 m	outh								
П	/ O ox / DUE TO, OR AS A CONSEQUENCE OF										
П	Conditions, if ony, which				• •						
П	rise to immediate cous stating the underlying	6 (0).	A CONSEQUENCE OF								
	lost.	(c)									
П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
18	HUNK										
CERTIFICATION	19o. DATE OF OPERATION	195. CONDITION FOR WHI	CH OPERATION WAS PERFO		CHUCKE OF DEATH	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
RTIE				YES NO							
	216. ACCIDENT WAS UND		INJURY Month Doy Year	21c. HOW INJURY OCCURRED (En	ter noture of injury in Port	1 or Port 2, Ite	am 18.)				
MEDICAL	(If either, notify medical	exominer) P.M.	19					at			
*	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (	AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC.	2) 21f. LOCATION Street or R F.D. I	No. City or Town		County	Stote			
	at work — of work —	(I) (abia baaaiael) aaaa	naled the alexander	(m) (10)	68, to slovens	1/./ 10/	V that I	) /) last			
	saw the decea	(I) (t <del>his hospital)</del> atte	nided the deceased	2 d, and that in (my) (eyr) o	pinion death accurred	on the date	e and haur an	) ( <del>wey</del> lost id fram the			
	causes stated	abave, (I) (wé) (did) (	did not) view the boo	ly ofter death.							
	22K BIGNATURE	EM WU	leani)	MAGGREE ATTENDING PHYS	MED STAFF PHYS	D //-	ATE SIGNED	8,			
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS // 90 4 /0.	tenten.	Rd Keis	tenten	me			
230	BUR AL, CREMATION,	23b. DATE		ETERY OR CREMATORY	23d. LOCATION (City of	Town)	(County)	(Store)			
	Burial	Nov. 5,1968		Cemetery /	Cockeys			ore, Md			
24	FUNERAL DIRECTOR	1/1/	ADDRESS	250 REC'D	BY REGISTRAR 25b.	REG STRAR'S SI	IGNATURE				



after death. and funeral

executed within 24 haurs after death.

and completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filly director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within

30M REV. 126

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death terming the may be retained by the Maspital or attending physician.

15496

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  $\pm 550$ 

CERTIFICATE OF DEATH

	ECEASED-NAME	First		M.ddle		Lost		2a. DATE OF		n	2b. HOUR
(1	Type or print)	JOS.	DIPHENING.	D.	CAT	RINI		NOVEM		Day Yea	
3. SI	EX	000	4. RACE			. DATE OF B	IRTH	ROADEA	6 AGE (In years	IF UNDER I Y	YEAR IF UNDER 24 HRS
	FEMALE		114	HITE		TIME	11. 188	2=	iast birthdoy)		DAYS HOURS MIN
7o. I	BIRTHPLACE (Stote or	fareian 71	CITIZEN OF WHA		8. MARRIED			COUNTY OF			
COU	ntry) Palermo	, Sicil			WIDOWED T	_	RCED T	T) 4 T (T) T	11007		50.4
10. /	CITY OR TOWN OF DEA	THI .	[11 NA	ME OF HOSPITAL OR INST	- 70	20	-	BALTI	(Kind of work dor	ne 135 KIN	ND OF BUSINESS OR
	TOWSON		give st	reet address) ST. JOSEPI	HOSPI	TAL	during mos Se	st of working eamstr	life, even if retired		
			lived, if institution I I I I I I I I I I I I I I I I I I I	on: Residence before			13d. INSIDE CITY LIM		REET AND NUMBER		//an an a
agin	ssion) STAMARY	LAND	130 COUNT		BALTIN	IORE	AE2 X NO	□ 140	4 MERIDE	ME DR.	#21212
14	FATHER S NAME	First	Middle	Lost	15.	MOTHER S M	AIDEN NAME Fir	rst	Middle		Lost
	1	Santo I	Dell'Ogl	io		Anna	Anello				
160	. WAS DECEASED EYER			16b SOCIAL SECURITY N		FORMANT			Address	G	len Berni
, I	res. no, ar unknawn)	(IT yes give war a	or dates of service)	215-05-23	96 Be	nedic	t J.Car	ini 900	5 Wellham	Ave	21061
	IB. CAUSE OF DEAT	TH (Enter any	ane cause per lin	e far (a), (b), and (c))						AF	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH	WAS CALISED D	W	CUTE MYOCAL	DETAT. T	NEADO	PTON				
	17.50	IMMEDIATE		S A CONSEQUENCE OF	WARE	4114-1111			<del></del>		
	Canditians, if any, v	which gave)		TYPERTENSIN	ומאים מדנ	TO TE	COTTEND	TITETAC	Tr.		
	rise to immediate	cause (a), (		S A CONSEQUENCE OF	VE CARL	)	DOUTHER	DISPINE	7.5		
	stoting the underly	ring cause	(c)	o a consequence of							
		VIEICANT CONDE		ING TO DEATH RUT NO	T RELATED TO	THE TERMINA	AL DISEASE OR CO	ONDITION GIVE	N IN PART 1(a)		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)											
S	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 20b IF YES, WERE FINDINGS CO									S CONSIDERED	IN CERTIFYING
3	170. DATE OF OFERAL	10N 170: CO	MULITON FOR WITE	CIT OFERMION WAS TEN	TORMED	YES (			OF DEATH?	3 (01131911111)	The second record
CERTIFICATION	21a ACCIDENT WAS	TIMOSDIVING	Last VISSE OF	NIH IBM	Ent. HOW		32	nah sa af iau	ry in Part 1 or Port	2 Itam 10 t	
	TOR CONTRIBUTING		HOUR A.M.	Manth Day Year	ZIC, TIOV	W INJURT OC	CORRED (CINTER	ווטוטוט טי ווווןט	IN IR PULL I OF FOIL	2, 11011 10.]	
MEDICAL	(If either, notify me	dicol exominer	) P.M.	19	2011						Chid
2	21d. INJURY OCCUR While Nat while of wark at work	• 🗌	,	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC					gr Town	County	State
	22a. L certify t	hat (K (this	haspital) atte	nded the decease	d framove	mber	3 , 19 6	oo, ta No	vember	<b>始</b> 60,	that (P) (we) las
	saw the di	eceased aliv	re on Nover	nher 12 1	7 <u>_68</u> and	that in (it	🗱 (our) opir	nion death (	accurred on the	dote and h	our and from the
1		ted abave, I	(we) (did) (	dydynot) view the b	ady after de	eath.			1 2	2c DATE SIGNE	rp.
	22b. SIGNATURE	- [ _	1 7	bec		ATTEND			STAFF 150		r 12, 1968
		nun	→ · DW	We	DEGRE	11112		RECTOR L	PHYS. LXI IN	ovembe.	r 12, 1900
	22d. PHYSICIAN'S NAME (Type)	C 1 2 CTT		mon 11 B		22e. AD		DO 1 D .	10110011 1	D //O3	201
<u>_</u>				MBOC, M.D.			O YORK		YOWSON, M		
23a	<ul> <li>BURIAL, CREMATION, REMOVAL (Specify)</li> </ul>			23c NAME OF (					ON (City or Town)	(County)	(Stote)
L	Burial	11/	16/1968	Holy Re	deemer	Cemet	tery		imore, Mo		
24	FUNERAL DIRECTOR	0.11	5200 17	ADDRESS			2So. REC'D BY			AR'S SIGNATUR	
	ow enits K	Seitz	DEUD Y	ork Road B	alto.	lid.	DATE NO	V 14 1	968 <i>fci</i>	ionles	A TON



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15509 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) FONA Yeor\_ CARLE 63 4. RACE DATE OF BIRTH IF UNDER I YEAR 6 AGE (In years rsicion ord completely filled in by, the please remove carbon papers. Pages I, ond in ony event, within 72 hours after lost builteday HOURS W. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY/OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) WIDOWED -DIVORCED W.Va. U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if refired) Retired R.R. **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 113c CITY OR TOWN 13d -NSIDE CITY L+M TS? 13e STREET AND NUMBER odmission) STATE JAB COUNTY Baltimore YES X 3501 St. Paul St. 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Lost George Paur requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give wor or dates of service) Mrs. Richard Holland, 1612 Park Grove Ave crematian, ar remova CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATE IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove ) rise to immediate cause (a). DUF TO, OR AS A CONSPONENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) os the prior to t TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health o YES F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 38) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for State Dept of H (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No County Stote City of Town While Not while of work of work 22a. I certify that (1) (this hospital) attended the deceased from 10/10/20 saw the deceased alive an 11/10/20 1965, and that in (my 19 CF, ta 1/12 19 CF, that (I) (we) last 1965, and that in (my) (our) opinion death accurred on the date and hour and from the 3 should with the S causes stated abave, (1) (an) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S NAME (Type) 4605 EDMONDSON AUE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. 23b. DATE 23d LOCAT ON (City or Town) Crematisty Baltimore Maryland REGISTRAR 256, REGISTRAR'S SIGNATURE Loudon Fark Crematory 24. FUNERAL DIRECTOR Villanes VR A15 (4) 30M REV 1 68 Witzke . 4101 Edmondson Ave. 21229





24. FUNERAL DIRECTOR

VR A15 (4) 30M REV, 1/68~

BY REGISTRAR



CI

executed within 24 nours after deoth.

ATTENDING PHYSICIAN: The low requires that the death certificate

Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR

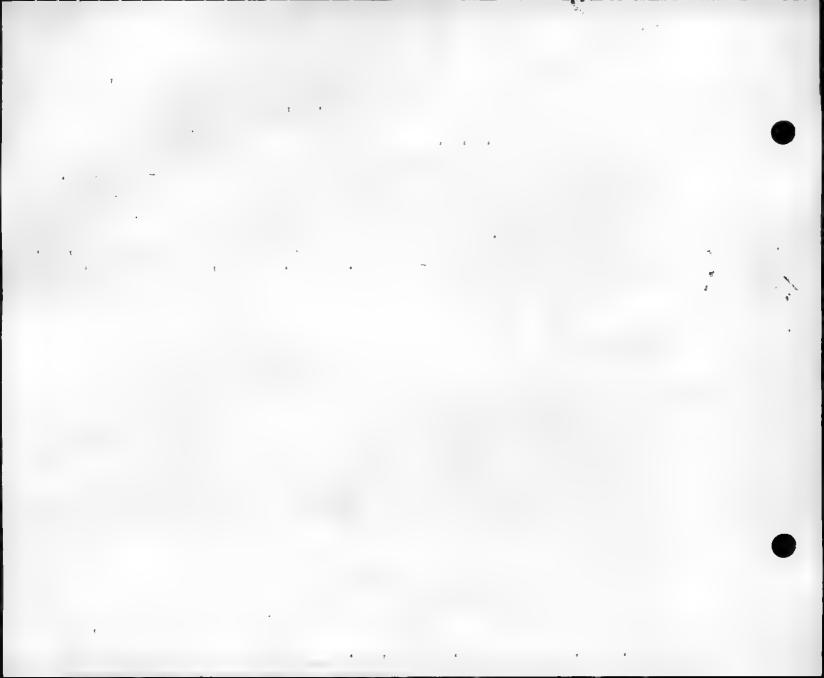
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

155

		12500			(	ERTIF	ICATE OF	DEATH	,		100	I	
		CEASED NAME ype ar print)	Fern	,	M ddle		Causle	У	2a DATE C		. 1968	2b HOUR	
	3 SE	X Female		4. RACE White	9		S DATE OF 8	~	18	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	F JHOER 24 HRS. HOURS MIN	
	caur	BIRTHPLACE (State or fore natry) Kentucky	ign /		S. A.	WIDOWE		RCED 🔲		F DEATH Ltimore		Md.	
170		Dundalk		131	Willow I	Road   120 SUAL OCCUPATION (Kind of work done during most of working life even if retired)   12b. KIND OF BUSINESS OR during most of working life even if retired   1NDUSTRY   School Teacher - Balto. Co.							
f	odmi	LSUAL RESIDENCE (When ISSIATE LATYLAN	đ	13b. COUNTY Ba	altimore	Dunc	lalk		13		Road		
1	14. FATHER'S NAME First Middle Hollie P.			Lost H <b>arri</b>		IS MOTHERS M	(Husba	Lucind		Chri	stian		
		was deceased ever in (es, me or unknown)		D FORCES? or dates all service,	306-16-68			,		1313 Will	ow Rd.	ATE INTERVAL	
		Canditions, if any, which rise to immediate caustating the underlying last	s CAUSED !MMED:ATI h gave se (a), cause	BY: CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A	CAY CLUO MA S A CONSEQUENCE OF	1	Cervit			d milastrace		SET AND CEATH	
لرو	CERTIFICATION	PART 2 OTHER SIGNIFIC / 7 / X 190 DATE OF OPERATION			TING TO DEATH BUT NO		20a AUTO	OPSY?	20b	EN IN PART 1(a) F YES, WERE FINDINGS 1 ES OF DEATH?	CONSIDERED IN CER	RTIFYING	
	MEDICAL CERT	2) a ACCIDENT WAS UN OR CONTRIBUTING CAL (If either, natify medica	SE OF DEATH	HOUR A.M.	Manth Day Year					ury in Part 1 or Part 2,	Item 18.)		
	WE	21d .N.URY OCCURRED While Nat while at wark	J		AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		/			y ar Tawn	Caunty	Stote	
		22a <b>I certify</b> that sow the dece couses stated	ased ali	re on	nged the deceose 2 9 1 (did not) view the b	9 <u>69</u> , 0	and that in (m	, 19_ ny) (our) op	es, to_ pinion death	occurred on the di	1 <u>64</u> , thot ote ond hour o	(I) (we) last nd from the	
		22b. SIGNATURE  R.J. INTO.  22d. PHYSICIAN S	gu	ð .	m	. <u>)</u> . DE	GREE PHYS	- A	MED. DIRECTOR	STAFF D 22c.	DATE SIGNED	-8	
,		NAME (Type) RA			MAGNO		101		NERTH				
The state of the s	E	BUR AL, (REMATION, REMOVAL (Specify) BUT 1.1 FUNERAL DIRECTOR	23b D/	2/2/68	Gardens ADDRESS			metery	7	ION (City or Town)  Baltin	(County)	(State)	
AS I	Jo	hn J. Duda.	792	2 Wise		lk, M	ld.	DATDEC	4 19	68 25b 1990 BLAR	0		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the faneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health pror to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicant and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye capbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, we 17, hours after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certi

Page 4 may be retained by the hospital or attending physician.

ater be executed within 24 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15513

					,	CEKTIF	ICATE OF D	EATH						
	ECEASED-NAME	First			Middle		Lost		20. DATE OF				2b. H0	OUR
	Type or print)	Virgin			Lee		Chenowe		No	V. (		1968		N
3. S			4. RACE				S. DATE OF BIRT			Nov. Month 6 Day 1988 M  6 AGE (In years lost pirthday)  7 OF DEATH  Caltimore Co. Moder lost work done king the avenufactured by the Address Pikesville 8 Minuser 1 Minuser 24 Minuser 1 Minuser 24 Minuser 24 Minuser 1 Minuser 24 Mi				
	Female			Whit			April				Month 6, Day 1988 M AGE (In years of birthday) AGE (In years of birthday) ARTH  IMPORE CO.  AND MONTH'S DAY'S HOURS MIN.  ATH  IMPORE CO.  And of work done of the birth of th			
70.	BIRTHPLACE (Stote	or foreign	76. CITIZEN		UNTRY?	8 MARRIE	D NEVER MARRI	ED [	9. COUNTY OF					
l	ntry) Md.		U	3.A.		WIDOWE		ED 🔲	Bal	timore	Co.			Md
10.	CITY OR TOWN OF				HOSPITAL OR INS						done 12	LL KIND OF B	USINESS C	R
	Pikesvi				Milfor							Gan 8	k Ele	et
13a adm	ussian) STATE	E (Where deceo	sed lived, fi   13b. COU	In the same of		13c CITY		A INSIDE CITY LI						
				Dall	timore	PI	OSATITO					11 Rd		
14.	FATHER'S NAME	First		ddle	Last		IS MOTHER'S MAID	_	First		\$le			
4-	WAS DECEASED	iel		nbdin	Hold SOCIAL SECURITY I		. INFORMANT	Ada			70.4.1			
100	Yes Deceased Yes no, or unknow	n) (If yes give	war or dates of ser >ne	vice) [190. 3	OULIAL SECUKITT			d A	(1)	Addre	ess PIKe	esvil.	Te 8	Mo
_							ML WIII	Lem A	. Uneno	Wetn,410	04 M1	LIOCA	ATE INTERVE	1 1
	18. CAUSE OF PART I. DE	D <b>EATH</b> (Enter of A <b>T</b> H WAS CAUSE	nly ane cause D BY:	per line for	(o), (b), and (c).		2. 0240	is -1	, c. c		-	BETWEEN ON	SET AND DE	LTH
	1		ATE CAUSE (o			<u>C</u> ]	nom	9 1	101)					
	Conditions, if o	y which gave		), OR AS A CO	ONSEQUENCE OF	2 no	600	(		12	1.1			
	rise to immedi	ate cause (a),	(1	OD 45 4 66	ONSEQUENCE OF	c no	Cac	Uni	ma.	acic and				
	stating the un	derlying couse	DUE IC	J, UK AS A LI J	UNDEWDENCE OF									
	PART 2 OTHER	SIGNIFICANT CO	NDITIONS COI	VTRIBUTING T	O DEATH BUT NO	OT RELATED	TO THE TERMINAL I	DISEASE OR (	ONDITION GIVE	N IN PART 1(a)				
~	1 1	7	_		No	me	1							
FICATION	19a. DATE OF OP	ERATION 19b	CONDITION F	OR WHICH OP	ERATION WAS PE	RFORMED	20a. AUTOPS	Y?			INGS CONSID	ERED IN CER	RTIFYING	
7.55			CA	RC1	nom	a.	YES [	NO 🖫	CAUSES	OF DEATH?				
LCER	21a. ACCIDENT		NG 21b. 1	IME OF INJUR	RY		HOW INJURY OCCU	RRED (Ente	r nature of injui	y in Port 1 or Po	art 2, Item	18.)		
MEDICAL	OR CONTRIBUTION	medical exam	iner)	P.M.	nth Day Year 19	,								
¥	21d INJURY OF	CJRRED 21e	. PLACE OF IN	JURY (AT HDA	ME, FARM, STREET, FAC BUILDING, ETC.	3DRY,) 21F	LOCATION Street	or R.F.D. No.	City	or Tawn	Car	unty	Ste	te
	While Not at work	va -1				1								
	22a. I certif	y that (I) (th	nis haspita	) attended	the decease	ed from.	July 6	7, 19	68, to_	Nov	, 19 <u></u>	s, that	(I) (we	) las
	saw the	e deceased c sta <b>t</b> ed abov	alive an e (I) (we)	(didVdide	not) view the	hadv afte	ma that in (my) ir death	(our) opi	inian death c	iccurred on th	ne date ai	nd haur a	nd fran	n the
	22b. SIGNATURE	/	0, (1) (110)	117	TOTA TOTAL TITLE	bady and	r dodin.				22c. DATE	SIGNED		
	0/	Men	areast.	1 120	Elec-	- DE	GREE PHYS.	□ M	MED.					
	22d PHYSICIAN				10	O A	22e. ADDRE		A	T/1 3	( at			
	NAME (Typ	e) P A	UR	ce.	JOK	14415	7 0	<u> </u>	, 126	74 1)	7 1			
23o	BURIAL, CREMAT		DATE		23c. NAME OF				23d. LOCATIO	N (City or Town)	) (Cc	ounty)	(State)	
	BELLEZIE	1	v.8,19	968		Ridg	e Cemeter						ore	Md
24	FUNERAL DIRECT	OR S	1	.10	ADDRESS	. /	20 21.12		Y REGISTRAR					
1 4	hund	44	110,0	10/0	11/100	in 1	as May	DATE IN L	/V 1 3 1	ISIN ()	7/1000	P. 0		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore jarban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after each.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

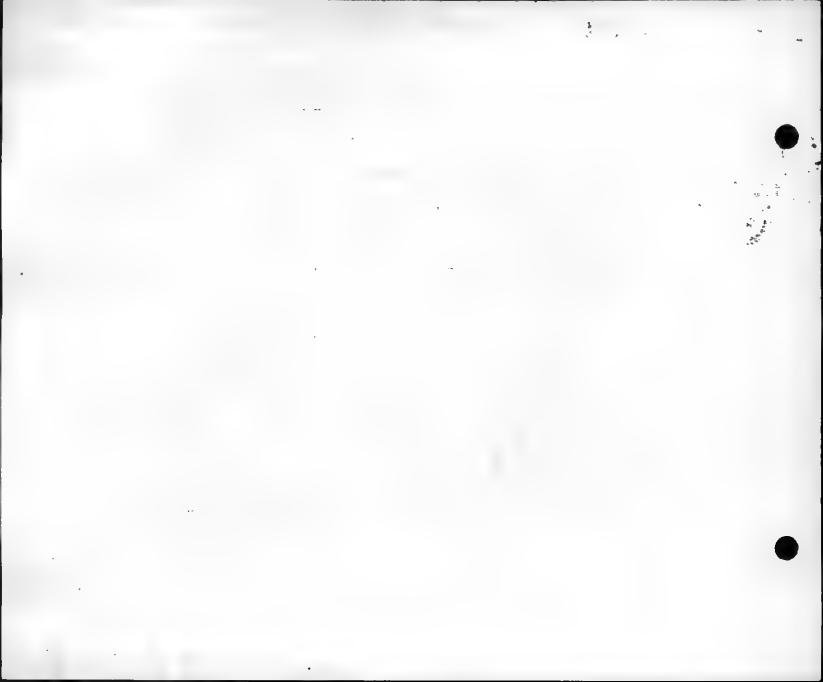
		ECEASED-NAME	Figst)		Middle	1	i Last		20. DA	TE OF DEATH			2b. H⊕URm,	
1	Į.	(ype ar print)	Hlki	lu	18-	CIA	2/570	(SOM		-Man	/ 2	7 / 68"	11:19	
	3. SE	Femile	60	4. RACE	Vhua		S. DATE OF	BIRTH LY	(-8	6. AGE (		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
		BIRTHPLACE (State ontry)	or foreign	7b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIE WIDOWE	D NEVER M	ORCED	15	Y OF DEATH	201	20	Md.	
0	(	CITY OR TOWN OF C	ece	gives	AME OF HOSPITAL OF	LUTTE	Staff H	during no	ast of wor	ition (Kind of the pure)	Leet.red)		F BUSINESS OR	
nfe.	_	USLAL RESIDENCE		1 1000	O BIR COURT	1 8		ų.		Be STREET AND 450	1.10	18ton	57.	
7	14. F	FATHER'S NAME		Middle	Los	t		MAIDEN NAME FI		_ \	Middle		Last	
	16 -		fichael		Tizh cocia secuni	TV NO.		ary (Un	nknov	vn)	• 11	24 . 4	101 / 100 a f	
ļ		. WAS DECEASED EV (es, na, or unknawn)		NED FURCES!	336-0	7-699	LECY L	erd Cl	Wit	Ruseu	Address	3/3/02	175 29	
			TH WAS CAUSE				liem						ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY Pulmonary Embolism  TOO > DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if any			D A CONSEQUENCE	UF								
		rise to immediat stating the unde		(b) DUE TO, OR A	IS A CONSEQUENCE	OF								
		lost.	mand conze	(t)										
		PART 2. OTHER SI	GNIFICANT CO	IDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERMIN	NAL DISEASE ORCO	ONDITION	GIVEN IN PART	)(a)			
	공.	8 460 X												
1	CERTIFICATION	19a. DATE OF OPER	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a. AU			05. IF YES, WER Auses of Deati		CONSIDERED IN	CERTIFYING	
- 1	ERTIF	21a ACCIDENT W	AC TIMPEDIVIN	IG 21b. TIME OF	hilling	01	YES 2	CCURRED (Enter				1. 10.		
	MEDICAL O	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M. P.M.	Manth Day Yo	ear 19	NOW INJUST C	CCOKKED [Enter	nature at	r injury in Parr	I ar Part 2	, Item 18.j		
	W	21d. INJURY OCCL While Not what work	1,640	PLACE OF INJURY	( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY,) 21f.	LOCATION Str	eet at R.F.D. Na.		City or Town		County	State	
				is haspital) atte	ended the dece	ased frame	7-20	, 19_2			-7,1	9.40, tho	t (I) (we) last	
		saw the	deceased a	live an	(4) 4 1 1 1	_19_ <i>Q</i> _\c	ind that in (	my) (aur) opir	niah ded	ath accurred	on the d	ate and havi	and from the	
		22b. SIGNATURE	area abave	e, (I) (we) (did)	(ala not) view ti	ne bady arre	er death.			<del></del> -	22,	DATE SIGNED		
		1/1	CCLU	Ta Ke	1920	DE	GREE PHYS	U DI	ED. IRECTOR	STAFF PHYS.		17-27-	68	
1		22d. PHYSICIAN'S NAME (Type)	VICE	rote 1	1 KNA	180	22e. 14	Valle	He	mosta	At.	30/1.		
1	23a.	BURIAL, CREMATIO	N, 23b.				OR CREMATORY			CATION (City o		(Caunty)	(State)	
Y	n:	REMOVAL (Specify)		2-2-68	Balt	imore	Nat'l.	Cemeter	у Ва	lto. C:	ty, I	Baltimo:	e Md.	
U		FUNERAL DIRECTOR		cd //107	ADDR Wilkens		21229	2So. REC D BY				S SIGNATURE	edat	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1551615504 CERTIFICATE OF DEATH 1. DECEASED NAME First Last 20 DATE OF DEATH 2b HOUP (Type or pant) November 25 CITRANO 1968 Sarah 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF LINDER 24 HRS. IF UNDER I YEAR last birthday) NOURS 2-2-1888 Female White 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ottending physician and campletely filled in permit. Then please remove corbon papers country) Italy Italv Baltimore WIDOWED X DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCIPATION (Kind of work done 2b KIND OF BUSINESS OR St. Joseph Hospital INDUSTRY Home during most of working large want feet red ) Baltimore cremotion, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? The low requires that the death certificate be executed 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Balto. YES NO 8227 Fish Plains Rd. PICUSETT 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Last Joseph Pitarra Mariana Dealionso 16g WAS DECEASED EVER IN U.S. ARMED FORCES? IAB SOCIAL SECURITY NO 17 INFORMANT Address Yes, no octunknown) (If yes give war or dates of service) 217-54-9168 Jennie Citrano, 8227 Pleasant Plains Rd. APPROX MATE INTERVAL 21204 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive Heart Failure permit. 4129 DUE TO, OR AS A CONSEQUENCE OF signed by the c buriol-tronsit pu (b) Arteriosclerotic cardiovascular disease Conditions if only, which gave ) nse ta immediate cause (a), Page 4 may be retained by the hospital ar attending physicion, DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) has been see os the the prior to be CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING for use of Health p CAUSES OF DEATH? YES [ NO DC this certificate 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) FT OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detached should be filed with the Stote Dept. of (If either, natify medical examiner) 21d. INJURY OCCURRED 2) B PLACE OF INJURY (AT HOME CARM, STREET FACTORY,) 214 LOCATION Street of R.F.D. No. City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 11-19 , 1968, ta 11-25 , 1968, that (I) (we) last sow the deceased alive an 11-25-68 19 , and that in (my) (our) opinion death occurred on the date and hour and from the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (dia nat) view the body ofter death 22b SIGNATURE 22c DATE SIGNED MED. DIRECTOR 22d. PHYSICIAN S York Road, Towson, Maryland 21204 NAME (Type) Camilo Z. Lomboc, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b DATE (County) REMBYAL (Specify) Most Holy Redeemer 11-29-68 Baltimore Maryland 24 FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Johnson Funeral Home VR AIS 8521 Loch Raven Blvd DATE NOV



5 1 15505

within 24 hours after death.

\*;

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state

30M REV 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH

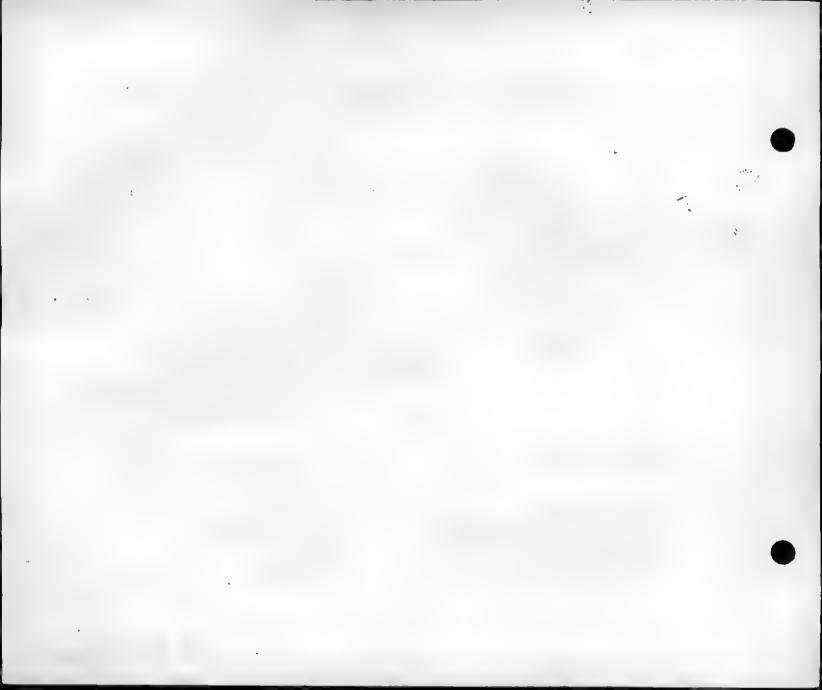
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 5 1 7

	70000				CERTIF	CATE OF	DEATH					
	ECEASED NAME	First		Middle		lost		2o. DATE OF				26 HOUR
(1	(ype or print)	CHAR	LES	TILGHMAN	CI	LARK		No	Month vember	15° 1968	3	5:25
3. SE	X		4. RACE			S. DATE OF	BIRTH		<ol><li>AGE (In years</li></ol>	IL OHORIC 1 A		UNGER 24 HRS.
	Male		WI	nite		7-8	-01		lost birthdoy)	YRS. MONTHS I	DAYS H	OURS MIN
7o 1	BIRTHPLACE (State or	oreign	76. CITIZEN OF	WHAT COUNTRY?	B MARRIE	D ANEVER MA	RRIED	9 COUNTY OF	DEATH			
1003	<sup>ntry)</sup> Marylan	ıd	· USA	A	WIDOWE		ORCED 🗍	Ba	ltimore			Md
10. (	ITY OR TOWN OF DEA	TH		NAME OF HOSPITAL OR					(Kind of work d			SINESS OR
	Towson		gı	ve street address). St. Jose	ph Hos	spital	during mo	ost of working ! Broker	ife, even if retire	Rea.	Ï Es	tate
13a.	LSUAL RESIDENCE (W	here decease	ed lived, if inst	itutiani Residence befar	e 13c CITY	DR TOWN	13d INSIDE EITY EIF		EET AND NUMBER	0	21.21	
aam	ission) STATE Narylar	ıd	13b COUNT	' V	Bal	timore	YES NO	120	6 E. Thi	rty-Six	th S	it.
14. I	FATHER'S NAME F	irst	Middle	e Last		15 MOTHERS	MAIDEN NAME FO	ust	Middl	le		last
			vus C					Mary	S.	Brown	1	
160.	(es, ng, ar unknown)	IN U.S. ARM	ED FORCES? or or dotes of service)	166 SOCIAL SECURIT		INFORMANT		T 00	Addre			
	No			2 <b>1</b> 5-10-7	803	Mrs.	Bertha	С.	Lark	(San	10)	7
	18. CAUSE OF DEAT PART I. DEATH			r line for (a), (b), and (	(d))	-1 3wf	mati an					T AND DEATH
	PAKI I. DEATH		TE CAUSE (a) _	Acute my	ocarai	at Imi	Trecton					
	1 7		DUE TO, O	R AS A CONSEQUENCE C	of of	loft of	aterior	descen	ding con	ronany		
	Conditions, if ony, was to immediate		(b)_	THYOMBOS	72 OT	Tere a	TOET TOT	depten		artery		
	stating the underly		DUE TO, O	R AS A CONSEQUENCE C Severe c	OF	w atha	nocolon	ncie		11 001		
	lost.	,	(c)_									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
80	La Company of the Com								ICC CONCIDENT	IN CERT	TVINA	
3	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db IF YES, WERE FINDINGS C							163 CONSIDERED	IN CEKT	TING		
CERTIFICATION	21a. ACCIDENT WAS	IINDEDI VINI	C JOSE TIME	OF INJURY	101.	YES [	-	anahus of inium	y in Part 1 or Pa	rt 7 Itam 101		
	OR CONTR BUTING	CAUSE OF CEATI	HOUR A	M. Month Doy Ye		HOW INJURE O	LCOKKED (EIIIBI	r nature ar injur	y m ron i or ro	11 Z, 110111 10.}		
MEDICAL	(If either, natify med 21d INJURY OCCURE			M. RY AT HOME, FARM, STREET,	FACTORY N. O.L.	IOCATION SH	eet or D.E.D. No.	Cinc	or Tawn	County		State
	While   Nat while	716.	FLACE OF INJUR	OFFICE BUILDING, ETC.	1861081.)	LOCATION SI	sei or k r.D. No.	. City	OI TOWII	Coonly		Jidie
			s hospital) i	ottended the deced	sed from	Vovembe	r 1519	68 to N	lov. 15	19.68	that H	a (wa) los
	sow the de	ceosed of	ive onal		_19 <u>6</u> &	ind that in 6	nor) (our) opi	nion deoth o	ccurred on th	e dote ond h	our on	d from the
	couses stot	ed obove	, (1) (we) (di	d) (did not) view th	e body ofte	r deoth.						
	226. SIGNATURE	$\supset$	Com	>-		ATTEND		MED	STAFF (Tal	22c DATE SIGNE	_	- ^
		Jan	<del>~ '·</del>	one	DE	GREE PHYS		IRECTOR L	PHYS.	11-	<u> 15–6</u>	8
	22d. PHYSICIAN'S NAME (Type)	Lawre	nce J.	Misanik,	M.D.	22e. Al	3650 Ao	rk Road	, Towso	n, Md.	2120	)4
230.	BURIAL, CREMATION,	23ь. [	ATE	23c NAME (	OF CEMETERY (	OR CREMATORY		23d LOCATIO	N (City or Town)	(County)		(Stote)
B	uFIAT Specify)	11	/18/68		ev Va	llev M	lem Gro	s Tir	nonium	Balton.	Co	Ma
24	FUNERAL DIRECTOR	ine s	Sons	Co Jugo	S Von	k Road	25 N 8 VO B	T RESTRICTION OF	258 ( 4RE GTSP	KAR STONA SK	0	,,
1	T.M. O GITK	Tito C		alto 12	Md	A ROAC	DATE					



within 24 hours after deoth. puo the fumero hours filled low requires that the death certificate or removal cremotion. os the prior to b the hospital or attending certificate has detoched FUNERAL DIRECTOR: After Poge 4 moy be retained by director, pr 2 VR A15 (4)

25M 1/67



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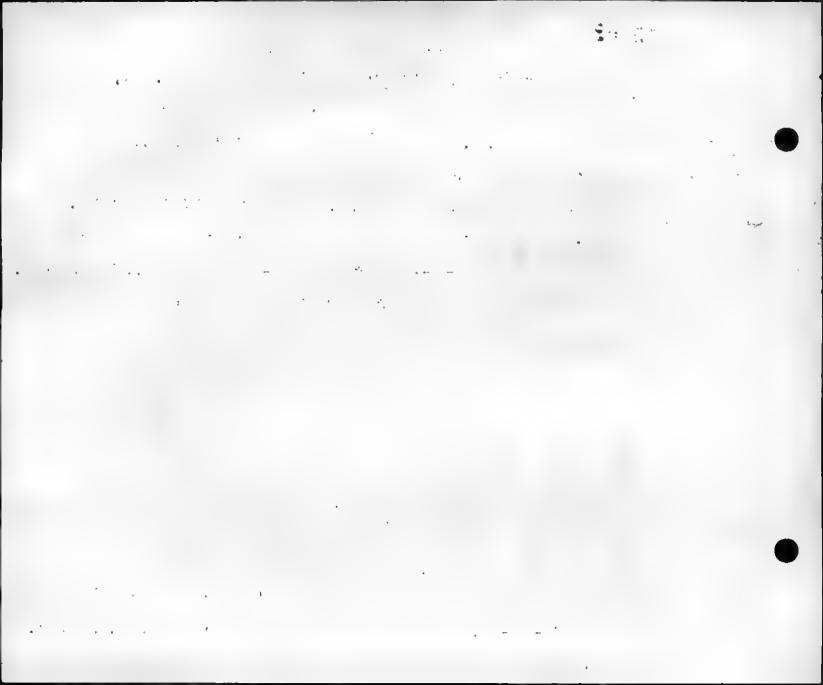
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 5 1 9

					THE OF BEATTI						
			Middle		Lost	2o. DA1			2b. HOUR		
(1	YPE or print) ALEXA	NDER	PAUL	A.	CONNOR		Nov. 1	1968	м		
3. SE	The company   A RACE		IF UNDER 24 HRS.								
	Male	White			Aug. 2, 188	82			HOURS MIN		
				8 MARRIED	NEVER MARRIED	9 COUNT	Y OF DEATH				
COUL	"" England			WIDOWEDS	DIVORCED [				Md.		
10. 0	ITY OR TOWN OF DEATH	11, NAME (	F HOSPITAL OR INST	ITUTION (If n	ot in hospital 12a USL	JAL OCCUPA	T ON (Kind of work done	125. KIND OF	BUSINESS OR		
							on nev	INDUSTRY			
130	USUAL RESIDENCE (Where deceo	sed lived, if institution I	Residence before	13c CITY OR	TOWN 3d INSIDE CITY	EIMITS? 13	e STREET AND NUMBER				
oem	Marylar Marylar	nd Bal	timore :	Balto.	Highlan'de	10 Lad	3011 Moryla	nd Ave.			
14.	ATHER'S NAME First	Middle	Last	15	MOTHER'S MAIDEN NAME				Lost		
			r			Mari	ie	Mergeson	n		
160	WAS DECEASED EVER IN U.S. AR	one or dates of connect			NFORMANT		Address				
	es, no or Juknown)	21	6-10-017	9 Ma	rie Lingg -	3908	Bighth 5t.	haltimo	re, Md.		
	18. CAUSE OF DEATH (Enter or	y one couse per line fo	r (o), (b), ond (c))	00	1.11	/		APPROXI BETWEEN C	MATE INTERVAL DINSET AND GEATH		
	PART L DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CA PROSTATE - METASTATICE										
	18.5 X										
	Conditions, if any, which gove	(6)									
		B	CONSEQUENCE OF								
		(c)									
22	1777 A.C.V.H.D										
AT10	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUTOPSY?			CONSIDERED IN C	ERTIFYING		
퍮					YES NO	] [a	AUSES OF DEATH?				
				21c H	OW INJURY OCCURRED (Ent	er nature o	f injury in Port 1 or Port 2	, Item 18.)			
DICAL	GR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MI									
ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY		ORY.) 21f. LO	OCATION Street or R.F.D. N	0.	City or Town	County	Stote		
	at work at work					100					
	22a. I certify that (I) (th	is haspital) attende	ed the deceased	from_	11-5 , 191	م کے to	11-11	9 <u>68</u> , that	(I) (we) last		
	saw the deceased a	llive an	11. 5 19	o≥, an	d that in (my) ( <del>ou</del> r) of	pinian de	ath accurred on the (	dote and hour	ond from the		
		e, (1) (we) (and) (ald	not) view the b	ady after	aeam.		1 99	DATE CICUEN			
	226 SIGNATURE	Schoefer	MT.	DEGR	CEE PHYS.	MED. DIRECTOR	STAFF PHYS.				
	22d. PHYSICIAN S NAME (Type)	N F. 5	CHAEFER	९	401 ANDO	om F	Rd BALT	S all .	1229		
23o		DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d LC	OCATION (City or Town)	(County)	(Stote)		
	REMOVAL (Specify) Burnial	L- 11-1968	Holy (	Oross	Cemetery	Rite	chie Hgwy.,	A.A.Co.	. Md.		
24	FUNERAL DIRECTOR		ADDRESS		2So. REC'D	BY REGISTR	AR 25b. REGISTRAF	'S SIGNATURE			
	George J. Gono	e-1001 Rit	chie Hew	v. Ba	ltimore DATE N	0V 1 9	9 1968 40	inelay &	uoga		
_		the second secon	The second second								

ecuted within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by transcript, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the haspital ar ottending physician.

VR A15 (4) 30M REV 1768



## 15508

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by tachering process. Then please remove carbon papers. Pag director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours or

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15520

		CEI	KHIFICA	IE UF DEALH	1					
1. DECEASED NAME	First	Middle		last		DATE OF DEATH			2b HOUR	
(Type or print)	EDGAR	CLARENCE	CC	OPER	NO	VEMBER Manth	t2 1	968 Year 1	11:15p	
. SEX	4. RACE		5.	DATE OF BIRTH		6. AGE (Ir			IF UNDER 24 HRS	
MALE		WHITE		6/30/98		last b th	YRS.	MONTHS DAYS	HOURS MIN	
BIRTHPLACE (State or fountry)	areign 7b CITIZEN	OF WHAT COUNTRY? 8	MARRIED 🛣	NEVER MARRIED	9. COU	NTY OF DEATH				
KISHTERKE	laryland U.		MIDOMED 🔲	DIVORCED	E	ALTIMORE			Mi	
CITY OR TOWN OF DEA	[H	11. NAME OF HOSPITAL OR INST T.	JTION (If not it	haspital 12a US		IPAT ON (Kind of v		125 KIND OF E	BUSINESS OR	
FORT HOWARI		VETERANS ADMIN				ISOR even		IMPOZIKI		
3a. USJA. RESIDENCE (W) dmissian) STATE	ere deceased yed, if V3b CO	UNTY	c, CITY OR TO	Vec (T)		13e STREET AND N				
MARYLAND	1		BALTIN	URE X	NO	4417 MAR	BLE H	ALL_ROAL	D	
4 FATHER'S NAME F	ırst M	iddle Last	15 M	OTHER'S MAIDEN NAME	First		M ddie		Last	
	20-01-7	- COOPER	117 11100	GE	ERTRU	DE		McBR.	IDE	
6a. WAS DECEASED EVER Yes, na, ar unknown)	(If yes give war or dates of se	rvice}	17 INFO	RMANIMTS C	Ethe	1 Cooper	Address S	ame		
YES	IWI	212 03 42 7	7 17.	TCA TO RECO	XX	XXXXXXXXXXX	X HOUTHAN	MAN VIOLES	WATE INTERVAL	
	t (Enter an y ane cause VAS CAUSED BY:	e per line far (a), (b), and (c))						BETWEEN ON	NSET AND DEATH	
	IMMEDIATE CAUSE (c	,	KAIE O ME	<u> </u>				UNIX	HOFFIL	
Cand trans, if any w	DUE TO	O, OR AS A CONSEQUENCE OF	HEART	FAILURE				6 Y	EARS	
rise ta immediate c	ause (a),	b)								
stating the underlyi	ild ranza	O, OR AS A CONSEQUENCE OF								
		LEDINIT NO TO DESTH BUT NOT S	TO THE TO THE	E TERMINA DIFFASE O	- OND T.	AL CREEK IN DARK	17.1	<u> </u>		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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5		on the control to one of		YES MO	?	NASIDERED IN CEI	C-III 7 III G			
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OR CONTRIBUTING [		R.A.M. Manth Day Year P.M. 19		(=		er ripery servant i	ur 1 (411 6) 11	, , , ,		
If either, natify med		BIRY AT HOME, EARM, STREET, FACTORY	(1) 21f 10CAT	ION Street or RED I	No.	City or Town		Caunty	State	
While Nat while at wark		OFFICE BUILDING, ETC	/		,,,,	cry as resm		cuonny	3.016	
22a. I certify the	at <b>3</b> 0 (this hospita	1) attended the deceased	from OCT	29 19	68 .	ta NOV	2 196	ob theta	CK (we) las	
saw the de	eased alive an	NOV 2 196	8 , and th	at in <b>(2029</b> ) (aur) a	ipinian d	eath occurred	an the dat	te and hour o	ing from the	
causes stat	ed above, 4) (we)	(did) (अविकास view the bod	ly ofter dea	th.						
226. SIGNATURE	Leimit!	2 2	DECRE	ATTENDING	MED	STAFF		DATE SIGNED  1/3/68		
22d. PHYSICIAN S	, , , , , , , , , , , , , , , , , , ,	I. oflery an	- DEGKEE	PHYS 22e. ADDRESS	DIRECTOR	PHYS	<u>al 11</u>	1/3/00		
NAME (Type)	ERHARD J.	BUNYOR		VAH, FT.	HOWA	מא מא				
Ba BUR AL, CREMAT ON,	23b DATE	23¢ NAME OF CEM	ETERY OR COL			LOCATION (City ar	Invest	(Caunty)	(State)	
REMOVAL (Specify) BURIAL	11/6/68			L CEMETER	1	BALTIM	,	(Caunty)	, ,	
4. FUNERAL DIRECTOR	111000			25a. REC'D			REGISTRAR'S		-	
RUCK FUNER	AI. HOME	5305 HARFORI BALTO MD	D RD.	DN:OV	4		Marl		t.	
YICOTT T. OTTERT	PAR TICLIE	TRITITO & LIMI		2000	- 4				- 7	

Q 10

are executed within 24 haurs after death.

lay requires that the death certificate

Toyer 4 flay be retained by the haspital of amenating anysition.

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physicial and carpletely filled in director, page 3 shauld be detached far use as the buriot-transit permit. Then pleas remove carbon papers, should be filed with the State Dept. at Health prior to buriot, crematian, ar remayal, and in any event, within 72 h.

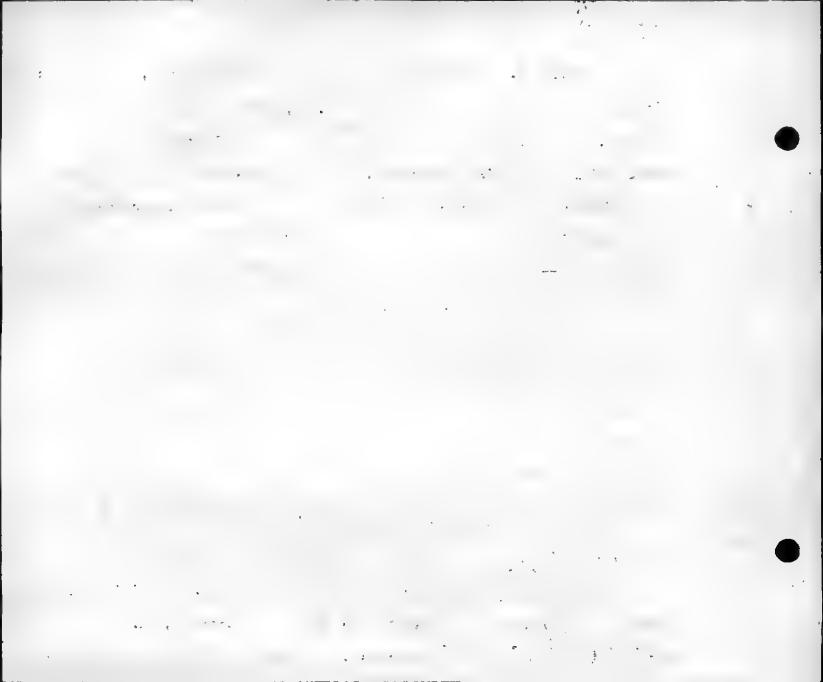
VR A15 (4) 30M REV. 1768

Page 4 may be retained by the haspital or attending physician

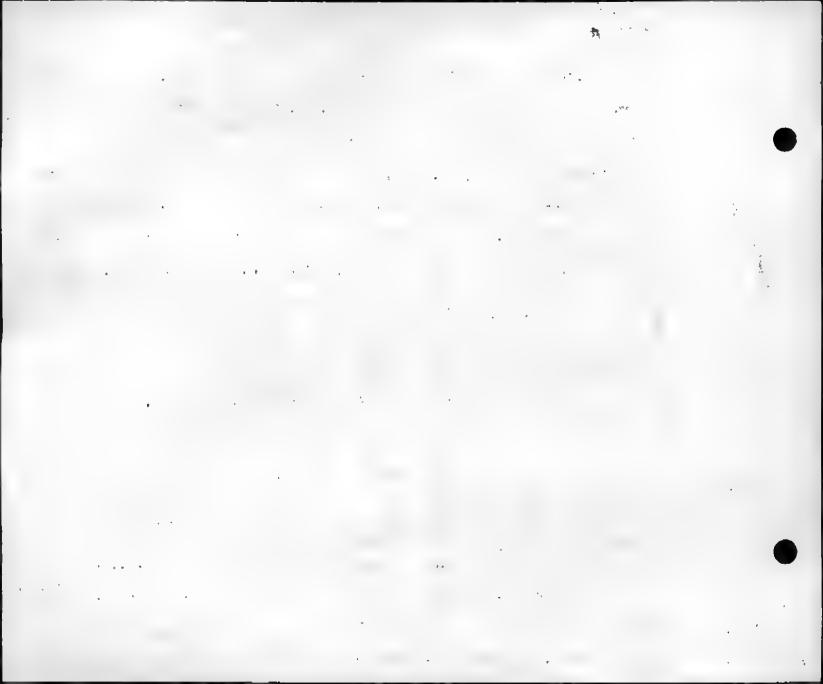
TO HOSPITAL OR ATTENDING PHYSICIAN: The

	15503		CERTIFICATE OF	DEATH			1552	i		
	ECEASED-NAME First Type or print)	Middle	Lost		DATE OF DEATH Month	Davi	V	2b. HOUR		
	CAPL	- SWINTOI	N COPPEL	CE	NOV.	9 Doy	Yeor 1963	4. 30VM		
3. \$		4. RACE WHITE	S. DATE OF E		6. AGE (In			IF UNDER 24 HRS.		
	MALE			28-43	75	YRS.				
	ntry)	7b. CITIZEN OF WHAT COUNTRY? $M \cdot S \cdot A$	8. MARRIED NEVER MA	KILL LA	UNTY OF DEATH	0				
10	G EORGIA	11 NAME OF HOSPITAL OR IN			Itimore UPATION (Kind of wo		Y , 2b Kind of B	Md.		
	Mount Wilson	give street oddress)	St. Hosp.	during most of	working life, even if	retired.)	NDUSTRY	D3ME33 OK		
130	USUAL RESIDENCE (Where deceas	sed lived, if institution. Residence before	13c CITY OR TOWN	13d INSIDE CITY LIM TS?	13e. STREET AND NU	MBER				
odm	ission) STATE MD.	13b. COUNTY	BALTIMORE	YES 🔀 NO 🗌	102 N.	PACA	ST.			
14,	FATHER S NAME First	Middle Lost		AIDEN NAME First		Middle		Lost		
	JULIA			LILLA		NU	INNA	XLY		
160	. WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (II yes give w			- Mar Isl		ddress		1		
L	YES WORL	D WAR E 253-20-5	793 Record	s, Mt. W	lison St	ace n		ATE INTERVAL		
	DARK & BEATH WILL CALLERY	ly one couse per line for (o), (b) and (t)				,		SET AND DEATH		
	IMMEDIA	ATE CAUSE (0) MYDCARD	SIAL INFO	RCT						
ı	f / V /	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which gove ) rise to immediate couse (a).	(b)								
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
_	PART 2 OTHER SIGNIFICANT COM	+ // ^	OF RELATED TO THE TERMIN	AL DISEASE OR CONDITI	ION GIVEN IN PART 1(	0)				
8	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CO							TIFYING		
CERTIFICATION		0	YES	] NO [	CAUSES OF DEATH?					
	210 ACCIDENT WAS UNDERLYIN			CURRED (Enter notur	e of injury in Port I (	or Port 2, Item	18.)			
MEDICAL	GR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	ner) HOUR A.M. Month Doy Year								
MEI	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.		et or R.F.D. No	City or Town	Co	unty	Stote		
	UT WORK OF WORK	is haspital) attended the decease	A from 60, 15-	10.60	ta //= W-	10/3	> sheet	(I) /wal last		
	saw the deceased a	live an 11-9-1	1962, and that in (n	ny) (aur) apinian	death accurred a	n the date a	nd haur a	nd fram the		
	causes stated above	e, (I) (we) (did) (did nat) view the	bady after death. 🔌							
	22b. SIGNATURE	wermin	DEGREE PHYS.	NG MED.	R STAFF E	22c. DATE	SIGNED			
	22d. PHYSICIAN'S	: 11 11	22e. AD	DRESS	М	.1				
		iam Newcomer, M		unt Wils						
230	BUBIAL, (REMATION, REMOVAL (Specify)	DATE VALLE STORMS OF	CEMPTERY OR CREMATORY	Comoker	LOCATION SCHOOL OF THE	MAND (C	ounty)	(Stote)		
24.	FUNERAL DIRECTOR	ADDRESS	50/ /1/	250. REC'D BY REG	STRAR GEO	GISTRAR SIGN	IATURE U	udar		





MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1557 4 CERTIFICATE OF DEATH Randolloh Last 2a, DATE OF DEATH Month XXX DAUGHTON November S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years 1884st birthday) December DAYS Whi te

2b. HOUR

HOUR

Md

BETWEEN ONSET AND DEATH

DECEASED-NAME First (Type or print) CHARLES 3 SEX 4. RACE Male 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED K NEVER MARRIED WIDOWED [ DIVORCED [ Maryland U.S.A. Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Electrical Towson St. Joseph Hospital ectrician 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN 13d. JASIDE CITY LIM "S? 13e STREET AND NUMBER odmission) SIMErvland Baltimore YES 🕎 122 Willow Ave. NO. Towson 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First John R. Daughton Konnie Address Willow Ave. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no ar unknawn) 7-22-3687 Margaret H. Daughton Towson. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 21204 IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Arteroisclerotic Cardio-Vascular Disease. nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure, stating the underlying cause Myocardial Infarction PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO F YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED City or Town

CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. State County While Nat while at work 22a | certify that 4) (this haspital) attended the deceased fram Nov. 11 , 1968, ta Nov. 22, 1968, that (M (we) last saw the deceased alive an Nov. 22 1968, and that in Imy) (our) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) yiew the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR Nov. 22. 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 7620 York Rd., Towson, Md. 21204

23c. NAME OF CEMETERY OR CREMATORY

O HOSPITAL OR ATTENDING PHYSICIAN: The low re Fage 4 moy be retoin≡d by the h≡spital ≡r atte≡ding director, page 3 should should be filed with the O FUNERAL DIRECTOR: VR ATS (4 30M REV. 1/68

ve aeroched for use as the State Dept. of Health prior to

has billen

licate be executed within 24 hours after death

signed by the otten ling phystrem and completely filled in by the furburial transit parmit. Then please remove carbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours after

Jarrettsville 24. FUNERAL DIRECTOR Charles E. Kurtz Jarrettsville, Md.

11/26/1968

23b. DATE

BUR AL, CREMATION,

15512

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATENOV 26 1968 21084

23d LOCATION (City or Town)

(County)

Jarrettsville. Harford

(State)



FOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FUK STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME   First   Middle   Lost   Zo DATE KNOWNED Mouth Day aver 12h HO
MEALIN DEFI.	(Type or Print)
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delay is and 3 to M3. Poge rtment of	M 12-13-1944 23 YRS HOURS MIN MORTHS DAYS HOURS MIN MORTHS DAY Year 19 8 3
2, 2, P. P. Poor	7a BIRTHPLACE (State of fare gn   7b CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
7.5. 3	COUNTRY) W, VA, U, S A. WIDOWED DIVORCED BALTIMORE
ta garage	TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done 126 K ND OF BUSINESS OR
Give Pond with the	JARRETVYYILY FTOWSOT give street address) ST. OOSE PHS 10 SP during most of working ite, even fretired) INDUSTRY GASOLIN
after death	adm ssion) STATE ND. 400. COUNTY 1 BALTO, YES NO 34 INSIGE (ITY . M TS? 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M TS. 136. STREET AND NUMBER 35 INSIGE (ITY . M
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	ROBERT E. DAY MIDDE HENNINGER
nct in niners niners pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IN INFORMANT. ADDRESS
with per year xam xam ile 72	No Ma Jay - dois E. Jayotte /
O	APPROXIMENTAL Enter on y one cause per line for (a). (b) and (c) )  PART I. DEATH WAS CAUSED BY
executed inding in Medical I permit.	IMMEDIATE CAUSE (a)
d be execute d "pending" Chief Medical transit permit.	Cand tons, If any, which gave
ould by vord " le Chiral al-trar any e	rise to immediate couse (a).  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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vertificate sharifing the rwarded to sed as a bustoval, and it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certificate the writing the forwarded to e used as a kermoval, and	= 9/6.6 (Vone
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 AUTOPSY? YES NO DECEMBER 190 AUTOPSY? YES NO DECEMBER 190 AUTOPSY?
× 0 0 1	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy Year 21c, HOW, JNJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18)
= 0 3 .	PRIMARY GOR CONTRIBUTING AND TOTAL T
INE INE shore files 3 shore	PRIMARY STOR CONTRIBUTING HORRAM 10/3/1968 FUMES IN BOYOF Service Station Tops  (AUSE OF DEATH  21d INJURY OCCUPRED 21e PLACE OF INJURY (At home, form, street, 2111-10/ATION Street or R.F. R. No. 10/21/19/ATION Street or R.F. R. No. 10/21/19/ATION STREET OF R. R. R. R. No. 10/21/19/ATION STREET OF R.
EXAMINER: cute the certi age 4 should ryour files: Page 3 shou	WHILE FOT WHILE I foctory affice building, etc.) STation Jarrells ville
Execution Page 1 for yourselve	22a. I certify that I took charge of the remains described above beta an Autopsy , Inspection , Inquiry , and in my opini
e est ttor. ttor. ECTO	deoth resulted from Natural causes . Accident Su cide . Hamicide . Undetermined manner .
direction to to	CHIEF MED CAL EXAMINER
Y, ple y, ple erol d' sal D prior	SIGNATURE CLASSIC CONTROL ASSISTANT MED CAL EXAM NER 226 DATESIGNED
o DEPUTY necessory, pl the funerol of smay be re o FUNERAL I Health prior	EXAMINER'S NAME (Type) Charles F. O'Donnell, N.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
To Election	23a BURIAL, CREMATION, 23b. DATE 23-NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote)
	BURIAL 11-9-68 DAK LANDU CEM. BALTO. M.
Silv	24 UNERA. DIRECTOR
VR A15ME (5) 10M REV 1/68	Hartley Miller - 2334 Johnson St. DATE NOV 12 1968 gcharles Judge



1 15/1		DIV			E DEPARTMENT		VIAND 21201	
FOR STATE		15514	ISION OF VITAL RI MEDIC		R'S CERTIFICA			/ 15523
HEALTH DEPT.		ECEASED-NAME	First	Middle	Las		20 DATE KNOWN M	ofth Day Year 25 HOW
ay is 3 ta Page int af	(1	Ype or Print) Jul	ius	Antho	ony Den	ver	OF ESTI- DEATH MATED	Went 44687-5
Ma. Ma.	3. SI	X Yale Whi	te 8/3/13	6. AC 55	E (In years IF UNDER 1 YE berthday) MONTHS DAY	AR IF UNDER 24 HRS AYS HOURS MIN	2c DATE PRONOUNCED DEA	Year 19 8 7
E 2.2	7a I	BIRTHPLACE (State or foreign	75. CITIZEN OF WH		8 MARRIED NEVE	R MARRIED 9 CO	DUNTY OF DEATH Baltimore	
death e Pag with	10 0	Baltimore. To	111 M	AME OF HOSPITAL OR I	VSTITUTION (If not in has		OCCUPATION (Kind of work d of working life, even fireting Track	
of with the South	13a	USUAL RESIDENCE (Where Imissian) STATE Md	deceased bleed if institu			13d INSIDE CITY , MITS7 YES NO	13e STREET AND NUMBER 2614 Moore	
A differ of the contract of th	14. F	ATHER'S NAME First	Middle	Last		MAIDEN NAME Firs	1 Middle	Last
2 5 5 5		PET	-	DENU	ER.	AN	CE	PORTOFEY
vithin pencil aminel e page		WAS DECEASED EVER IN U.S. A es no, or unknown) (IF	RMED FORCES?  f yes give wor or dotes of service)	213-16-92		FEMA L. I	ADDRESS DEINNER 2614	MOORE AVE
		18 CAUSE OF DEATH (En	nter only one couse per	ne for (a), (b) and (c)	)	(6)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d'pending"   Chief Medical transit permit		PART I DEATH WAS	MMEDIATE CAUSE (a)	607	Ordry	1 Cyce	-/USIDA	_ Sudden
be exe		Conditions, if ony, which		AS A CONSEQUENCE O				`
vard " vard " ne Chii al-tran		rise to immediate cause stating the underlying co	(a), (b)	AS A CONSEQUENCE O	-			
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s certificate should be writing the war farwarded to the used as a burial- emava, and in an		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO THE TERMIN	A. D SEASE OR CONDIT	TON GIVEN IN PART I(a)	
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is certifice, writh farwar and used remaya	CERTIFICATION	190 DATE OF OPERATION		WAS PERFORMED				20. AUTOPSY?
fical		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBU	JTING HOUR A.		21c HOW INJUR	Y OCCURRED (Enter na	ture of injury in Part 1 or Par	
(AMINIR: te the cert) te the cert) te 4 shauld out files. age 3 shau crematian,	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED	P. 21e PLACE OF INJURY (	At home, form, street,	21f LOCATION S	treet or R.F.D. No	City or Town	County State
		WHILE MOT WHILE AT WORK	factory, affice buildin	ig, ercj				
toni i executor. Por ed far CTOR: I burial,		22a   certify th	hat I took charge of t	he remains describ	ed above, held an	Autopsy 🔲, 🔠	nspection , Inquir	y 🔲, and in my opin o
~ ~		deoth resulted from	orp Notural cao	ses Accider	t , Suicide	, Homicide [	, Undetermined mor	mer 🗌
		ACTUAL	allo-16	to)	IRC	CHIEF MEDICAL EXAMI		DATESIGNED
EPLITY essary, p funeral aay be ra UNERAL		SIGNATURE EXAMINER'S	College (	NO JANO	M.D	ASSESTANT MEDICAL EXAL	AMPINICA	1 pet/60
necessary, the funero funero funero funero funero funero funero funero funero		NAME (Type)				ADDRESS(Street, city,	town, ar caunty)	1111
01 5 4 2 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a	BURIAL, CREMATION, REMOVAL (Specify) ***	23b DATE	4	CEMETERY OR CREMATOR		d LOCAT ON (City or Town)	(County) (State)
R	24.	FUNERAL DIRECTOR	11/27/68	4000	LAND MEM.	2So RECD BY R	FG STRAR 25% REGISTE	RAR'S SIGNATURE
VR A15ME (5)	7 Mah.	DEET C. A.	LTENBURG	6009 HAR	FRED.RP.	DATE NOV		Charles ander
Photo Pro Colonia			INCOME LIVE			1 - 4 1		



to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funed director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death

be executed within 24 Fours off,

TO BESTITAL ON ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (1)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

_											
	ECEASED NAME Type or print)	First	C T/	Middle	nenes:	Lost	12	2o. DATE OF DEATH Monካ 1 〔	) oy 1 c	Yeor 68	2bHOUR
		CHARLE		DUIS	DEPFE	-					2×30 M
3. \$			4. RACE			S. DATE OF BIRTH	0 -	6. AGE (In years	IF UNI		JNDER 24 HRS.
	MALE		Whit			October					
70	BIRTHPLACE (Stote	or foreign	76 CITIZEN OF WE	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. 0	COUNTY OF DEATH			
	<sup>ntry)</sup> Md .		USA		WIDOWED [			BALTIMORE			■d
10.	CITY OR TOWN OF  BALTIMO		GRE	AME OF HOSPITAL OR INS ATER BALTO	TITUTION (If no	CENTER   120 U	usual o	OCCUPATION (Kind of work don of working life, even if retired WOT'KE I	e 121	b. KIND OF BUS DUSTRY [V]	INUSSOR ILLS
130				ion: Residence before						O V C L I	11011
odn	nission) STATE	Md.	13b COUNTY	- V	3alt	imore YES			Rad	ce Rd	•
14.	FATHER'S NAME	First	Middle	Lost	15	MOTHER'S MAIDEN NAM					Lost
L		Georg		Depfer		Laur	a	L.	Moi	rriso	n
160	WAS DECEASED E	VER IN & S. ARA	AED FORCES?	16b. SOCIAL SECURITY I		IFORMANT		Address	_ ,		Rd.
L	Yes, no, or unknow	.,		215-07-	633b I	Ars.Marga	ret	V.Depfer-1	116		Race
	18. CAUSE OF C	EATH (Enter an		ne for (o), (b), and (c).						APPRÖXIMATE BETWEEN ONSET	
	PART I. DEA	ATH WAS CAUSE	) BY. ATE CAUSE (6)	SEPTICEMA	W/UREM	ĽA					
	11,-	7		S A CONSEQUENCE OF							
L	Conditions, if ony, which gove MARKEDLY ADVANCED METASTATIC CA OF THE NECK										
	rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF W/NECROSIS.										
1	last. (c)										
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
25	1017		DETAYED	SKIN FLAT	FOR F	IIGE					
ATIO	TO DELAYED SKIN FLAP FOR HUGE  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING										
CERTIFICATION	10/22/6	8-10/28	3/68 CERV	ICOFACIAL	DEFECT	YES NO	\Z	CAUSES OF DEATH?			
					21c. HO	W INJURY OCCURRED (E	Enter na	iture of injury in Part 1 or Part	2, Item 1	8.)	
MEDICAL	or contributing	CAUSE OF DEA1	HOUR A.M.	Manth Doy Year	,						
ME		JRRED 21e.	PLACE OF INJURY			CATION Street or R.F.D.	. No.	City or Town	Cou	snty	State
	While Not v	7111101		COTTICE BUILDING, ETC.				11/15		>	
П	22a   certify	that (I) (th	is hospital) <sub>1</sub> atte	anded/the decease	defrom	10720 , 1	9_00	_, to	9	_, that (I)	(we) lost
П	22a   certify that (I) (this hospital) attended, the deceased from										
П			;, (I) (we) (did);	(did not) view the	baay arrer c	eain.			C DATE S	CONTRA	
L	22b SIGNATURE	1/1/1	.11 11.	U. II. II.	DECD	ATTENDING	MED	STAFF I	11/	15/68	
	OOL DUVCCCIAN	777777	M V	XMXXIIXV	JUN DEGR	22e, ADDRESS	DIREC	CTOR L PHYS. W		23,00	
	NAMANA	EL GATO	HALIAN,	MD		226. ADDRESS					
22-	BURIAL, CREMAT			23c NAME OF	CEMETERY OF	CDEMATORY	2	3d LOCATION (City or Town)	ff.n	unty)	(State)
230	REMOVAL (Special	y) 230.	1/18/68			ark Cem.		Ealto.,	(00)	- ,,	Md .
24	FUNERAL DIRECTO		7 20/00	ADDRESS				EGISTRAR 2Sb. REGISTRA	R S SIGN		
			ovan-38	18 Roland	d Ave					ay Young	54
						DAIL	A CLA	1000		Y_0	/





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15529 15517CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH First Middle 2b. HOUR death. executed within 24 hours after death (Type or print) fitted in by the funeral parents. Pages 1 and Month A d 3. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country Virginia 4.3.A BALTIMORE WIDOWED X DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired) INDUSTRY completely the attending physician and campletely isit permit. Then please remove carbag Hame event. 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Edsdale Balto. cremation, or removal, and in any 14. FATHER 5 NAME Tones IS MOTHER'S MAIDEN NAME First Middle PHYSICIAN: The law requires that the death certificate be ones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give wor ar dates of service) William P. Stumpf, 1911 Branston Rd., 21228 18 CAUSE OF DEATH (Enter only one couse per line for (a), 3(b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH One week Canditians, if any, which gove ) burial-transit rise ta immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept of Health priar to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO E 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1960, and that in (my) (ser) opinion death occurred on the date and hour and from the at work ATTENDING should 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type James J. Molan Mallow Hill Road 230 BUR AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) New Cathedral Cemetery Baltimore, Md. Burial RECD BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) Witzke, 4101 Edmondson Ave. 21229 30M REV 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after

hin 24 hours ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

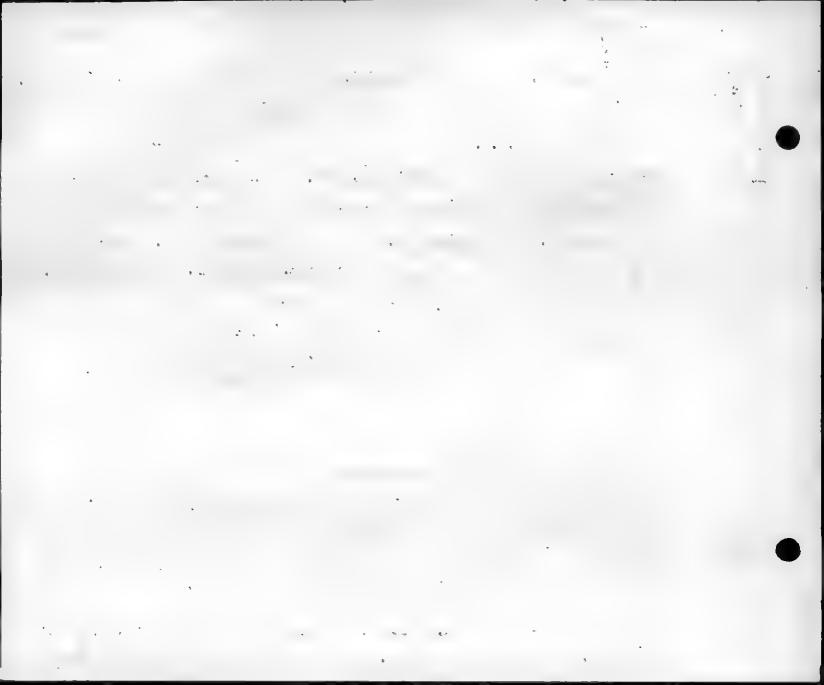
Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 30M REV, 1/68 15518

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15530

_							P = 7.1111				
	ECEASED-NAME Type or print)	First		Middle		Last	2	a. DATE OF DEAT	TH Month Day	V	2b. HOUR
	Jos	eph M.			Domin	uak II			77 - 79	- 68	2 A.M
3. S	EX	4. RA	CE			S. DATE OF B	RTH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White	2		12-	10-48	lo	st birthdoy) YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or for	eign 7b. CITIZ	EN OF WHA	AT COUNTRY?	8. MARRIE	NEVER MAR	4.3	OUNTY OF DEA	TH		
COU	ntry) Marulan	1 1	1.5.4		WIDOWE		RCED T	Balti			Md.
10.	CITY OR TOWN OF DEATH		II. NA	ME OF HOSPITAL OR INS				CCUPATION (Kini		126. KIND OF	17241
	Rosedale			reet oddress)	11.1.	.4. 0.1	during mast a	if working, life,	eyen (£retired.)	INDUSTRY	500 M C 5 0 K
130	HELLA DEC DENICE (MILA	to deconsed inved	if institution	n- Paridana hafara	13c (117)	D TOWN	136. INSIDE CITY LAKITS?	Ver Yor	<i>Recl</i> And Number		
adm	ission) STATE Mary	13b.	COUNTY A	ltimore	_	dale	YES NO TY	100 0111011		01	
					NOSE			6366	Holyoke	KOGO.	
114,		1 41	Middle	Last	,	15. MOTHER 5 M.	AIDEN NAME First		Middle		lasi
L.	Jose	7-1-1		Dominiak J			- Fran	ces	M. Mas	san	
160	WAS DECEASED EVER IN	US ARMED FORC		16b. SOCIAL SECURITY	10.	. INFORMANT	M O .	. 10	Address		0.1
	res, na. or unknown)			None		josepn	M.Domin	Lak In.	2322 H	olyoke	Rda
	18. CAUSE OF DEATH		use per line	for (a), (b), and (c).	h	1 -	-				MATE INTERVAL DISSET AND DEATH
L	PART I, DEATH WA	AS CAUSED 8Y: IMMEDIATE CAUSE	(a)	Carle	ac	117	rest				
L	142X	DUE	TO, OR AS	A CONSEQUENCE OF	1	N	-				
L	Conditions, if any, which gove) In Lenoral Contributions										
	rise to immediate cause (a), but TO, OR AS A CONSEQUENCE OF										
	lost, (1) Hydro Cephalius cong + mellingre										
	PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR COND	EPION GIVEN IN	PART 1(a)		
l	7521							, , , , , , , , , , , , , , , , , , , ,			
NO.T	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHIC	H OPERATION WAS PEI	REORMED	20a. AUTO	PSY2	20h IF YES	WERE FINDINGS CO	ONSIDERED IN CO	FRTIFYING
CERTIFICAT						YES 🗆	NO 🖂	CAUSES OF I			
ERT	2ta ACCIDENT WAS U	NDERIVING 121	b TIME OF	INITIDY	214		URRED (Enter not	bee of mary in	Part 1 or Part 2 1	Itam 10 )	
	OR CONTRIBUTING CA		OUR A.M.	Manth Day Year	210.	HOTE INJOKT OC	OKKED (EINE NO	iore or inform in	Full I di Full 2, I	10111 10.1	
MEDICAL	(If either, natify medic		P.M.	19							
~	21d. INJURY OCCURRED While The Not while	21e. PLACE UF	INJURY (	AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	10kt.) 211	LOCATION Stree	et ar R.F.D. Na.	City or To	IWN	County	State
	While Nat while at work			ed l'eus	le			1	1	10	
	22a. I certify that	(I) (this haspi	ital) atter	nded the decease	d fram_	- 1 1 - 1 - 1 - 1 - 1	19 68				(I) (we) last
	saw the dece	ased alive on	a) (did) (	did nat) view the l	hadv afte	na mar in (m r death	y) (aur) a <mark>p</mark> inia	n aearn accu	rea an the aa	re and haur	and from the
	22b SIGNATURL	7 /	c) (ulu) (	ald har view into	oddy dilo	douin.			224	DATE SIGNED	
Н	2.40	ollu (	Lel	duch.	/ DE	GREE PHYS	IG MED DIREC	TOR D STA	AFF Nort	11/7	168
	22d PHYSICIAN'S	2	1 0	7 //	DL	22e. ADD		OK - FI	13. 24 2	1 1 11	
	NAME (Type)	De da	10 4	Red Dr.	214	90	19 16	ilad	Rot		
22	BUID ALL COCMATION	100h DATE		23c NAME OF	CALCION O	D CDENATORY	In	L LOCATION /C	thu an Tawal	IC-u-bal	(Canta)
230	BUR AL, CREMATION, REMOVAL (Specify)	23b. DATE	60		- 1			d LOCATION (C		(County)	(State)
0.4	Duncac	11761	-00	St. Stan	islau	<u>s (emet</u>		Baltino		SIGNATURE	and_
24.	FUNERAL DIRECTOR (.	vach	1211	01			25d: REC'D BY RE	2 1968		STORATURE TA	dat
	mary Col	Crace	1211	(hesaco A	ve.		DATE 1404	T W INC	1	was here	7



Baltimore. Md.

DATE

LASSHAN FUNERAL HOME

1968



TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL O

24. FUNERAL DIRECTOR

Lassahn Funeral Home

VR A15 (4)

15532 2b. HOUR Year 68 IF LINDER | YEAR IF UNDER 24 HRS. HOURS 12b KIND OF BUSINESS OR INDUSTRY Last BETWEEN ONSET AND CEATH

Fullerton

(State)

State

ADDRESS

7401 Belair Road 21236

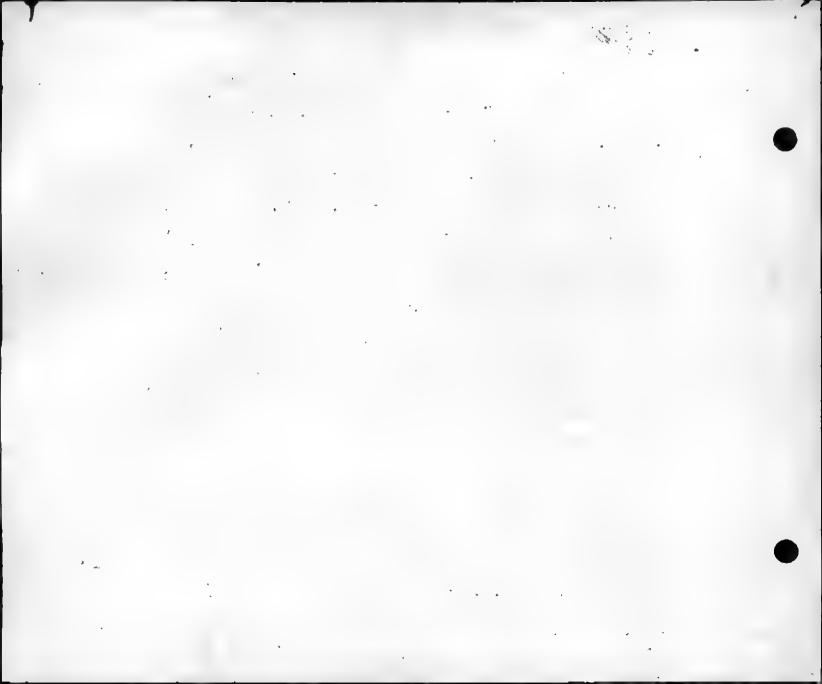
1968

25g. REC'D BY REGISTRAR

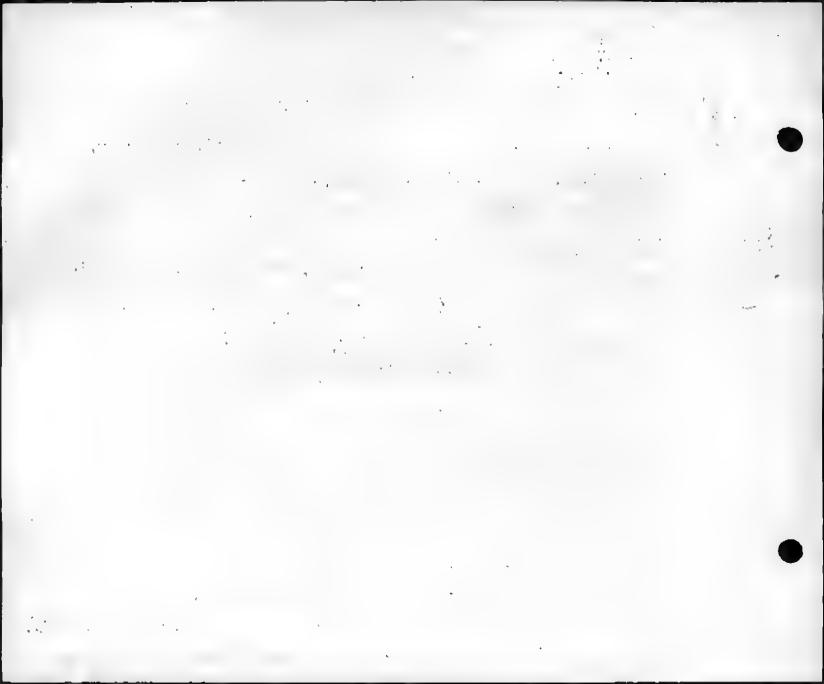
2Sb REGISTRAR'S SIGNATURE



30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1550 1. DECEASED-NAME Middle 2n. DATE OF DEATH 25. HOUR terrificate be executed within 24 hours after death) (Type or print) ELBEN FLETCHER COOPER DO A.M S DATE OF BIRTH IF UNCER I YEAR 6 AGE (In years last birthagy) WHITE MALE 76 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fore an 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED TO DIVORCED | Baltimore County MARYLAND 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done and in any event, within 10 CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR Mt. Wilson St. Hosp. during mast of working life, even if retired) remaye carban Mount Wilson (ARCENTER 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? Caroline Ave un 13e STREET AND NUMBER admission) STATE 13b COUNTY RIDGELY 14 FATHER S NAME IS MOTHER'S MAIDEN NAME First Last ELBEN WILLIAM RASH HAMNAH physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) or removal. Mt. Wilson State Hospital Records. 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that the death IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gave ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior ta has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🗔 by the haspital ar this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY \ 21f. LOCATION Street of R F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. 1 certify that (I) (this haspital) attended the deceased from 10-14-, 19 62. to 1-27-, 19 62. that (I) (we) last saw the deceased alive an 11-26-, 19 62. and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: After Page 4 may be retained 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DIRECTOR K director, page 3 shauld be filed w DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) liam Newcomer, MountWilson\_Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jawn) 230. BURIAL CREMATION (County) (Stote) (MOVAL (Speaty) **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1 md





## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15536

				EKIIFI	AIE UP DEAIR	1				
1 DECEASED-NAME	First		Middle		Last		F OF DEATH	21		2b. HOUR
(Type or print)	Elzie		0.	F	ANSLER	No	ovember -	22	196	8 6:35
3 SEX		4 RACE			S. DATE OF BIRTH		6. AGE (In yeo	12	IF UNDER " YEAR MONTHS   DAYS	IF UNDER 24 HRS
Male		White			2-11-11		lost_buthdoy)	YRS.	DA12	POLKS MIT
<ul> <li>BIRTHPLACE (State of punitry)</li> </ul>	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY	OF DEATH			
Tdaho		U.S.		W DOWED			ltimore			
Baltim	ore	give s		TITUTION (IFF	Hospital 120 U	SUAL OCCUPAT	ON (Kind of work	done (£ <b>d</b> )	126 KIND OF INDUSTRY	BUSINESS OR
13a USUAL RESIDENCE admission) STATE Ma	Where deceose	d lived, if instituti 3b. COUNTY	on: Residence befare	13c CITY OF Balt		_	STREET AND NUMB		nue #2	1205
14 FATHER'S NAME	First	Middle	Fansler		MOTHER'S MAIDEN NAME	da K.	Netherlan			Last
Yes, po or unknown		D FORCES? or dates of service]	717-07-68		nformant irs. Celeste	Fansl	.er	ress (S	Same)	
18 CAUSE OF DE	ATH (Enter only	ane cause per lin	e for (a), (b), and (c) )							IMATE INTERVAL ONSET AND DEATH
PART I DEAT	H WAS CAUSED IMMEDIAT	BY Ca E CAUSE (a)Ca	erdiac tamp	ponade						
4104			S A CONSEQUENCE OF							
Conditions, if only										
rise to immediat stating the unde										
lost -	)	(c) <u>A</u>	ute myocai	rdial	infarction					
PART 2 OTHER SE	GNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED T	THE TERM NAL DISEASE O	R CONDITION (	S.VEN IN PART I(a)			
5 t										
불   19a. DATE OF OPER	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS (ON CAUSES OF DEATH?								IS DERED. N. C.	ERTIFYING
21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY    21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY										
21d. INJURY OCCU While ☐ Not what work ☐ ot wa	IRRÉD 21e. P	LACE OF INJURY			CATION Street or R.F.D.		City or Tawn		County	State
saw the	deceased olt	ve an 11-c	nded the decease 21-68 19 aid nat) view the b	/, an	<b></b>	ppinian deo	11-21- th occurred on t	_, 19 <u>6</u> he dote	ond hour	(we) la and from th
22b SIGNATURE	L	ille		DEGI	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	22t DA	ITE SIGNED 1-22-6	38
22d. PHYSICIAN'S NAME (Type)		Cilliani					d, Towson			
230 BURIAL, CREMATIO BURIAL (Specify)	11	/26/68.	-	stewn	Cemetery		ATION (City or Town Greenwe			L <b>re</b> (State)
24 FUNERAL DIRECTOR	Puole	Tno Bo	lte. Md.	ורפרי		BY REGISTRA				
recuard 1	. nuck,	THC DS	TOB! HIM!	- 444	DATE N	nv 2.5	1988 O	Elia	A. O.	.400

DATE NOV 25

VR A15 (4) 45M - 1/69

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbary pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 thours after death.

O MOSPITAL OR ATTENDING INVSICIAN: The form requires that the death certificate be

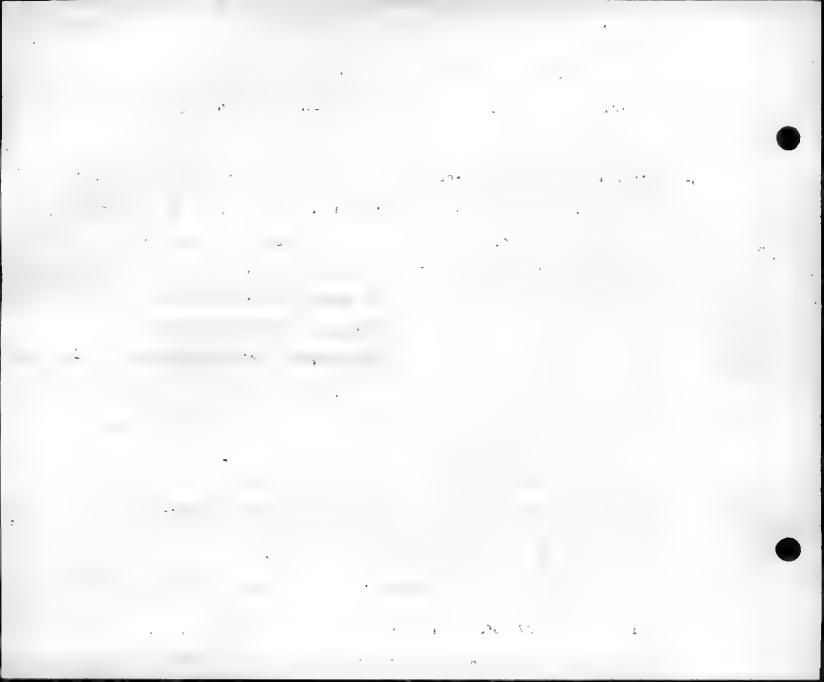
Poge 4 moy be retained by the hospitol ar ottending physicion.

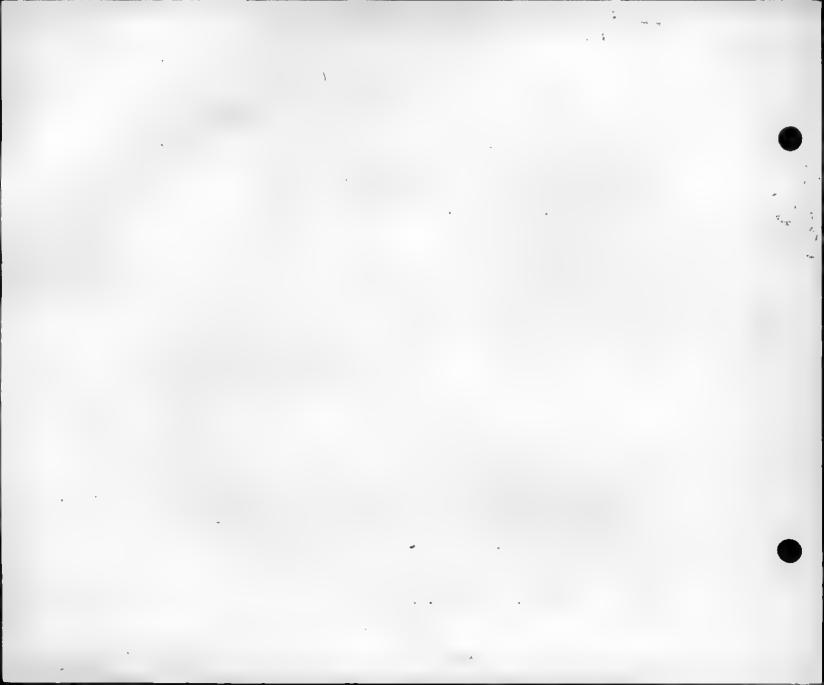
rurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15537 CERTIFICATE OF DEATH ¿ First DECEASED-NAME M.ddle Lost 20. DATE OF DEATH 2b. HOUR the ottending physician and completely filled in by the funeral sit permit. Then please remove corbon popers. Pages 1 and 2 notion, or removal, and in any event, within 72 pages after death. within 24 hours after death (Type or print) Francis Edward Farley: 6. AGE (In years last birthday) 38 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Male Cau. 11-16-XXXX 1930 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Balto. WIDOWED TO DIVORCED Usa Balto 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Fallscroft Way during most of working life, even if retired.)

Medical Doctor INDUSTRY Lutherville Medicine 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13b. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY Lutherville Balto 15 MOTHERS MAIDEN NAME First 14. FATHER'S NAME Middle Lost Pauline Kohlerman John Farley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) Korean War 213-26-9680 DorothyX Farley, Wife Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PRRYTHMIA PART I. DEATH WAS CAUSED BY: CARDIAC IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF CHRDIAZ INFARCTION signed by the burial-tronsit p buriol, cremotia Conditions, if any, which gave) rise to immediate cause (a). COROHARY HRTERIOSCHEROSIS 4 weeks. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 😨 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Poge 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County OFFICE BUILDING, ETC. While Not while at work 220. I certify that (I) (this hespital) attended the deceased from 10 · 27 , 1968 , to 1968 , that (I) (we) lost sow the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stoted above, (I) (we) (did) (did net) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 11.25.68 ATTENDING MED. DIRECTOR DEGREE PHYS r, poge be filed 22d. PHYSICIAN'S 22e. ADDRESS 2045, YORK ROAD . TIMONIUM NAME (Type) director, I 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) 11-27-1968 Dulaney Valley Texas. Md 24. FUNERAL DIRECTOR 25a, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Towson, Md. 21204 30M REV 1/68 DATE NOV Wm. Cook-Brooks T wson.





1	II4	em?a FilmG407 l	MARYLAN MARYLAN	D STATE DEPARTMENT OF I	HEALTH	
\ \ /	1	15527	(	ERTIFICATE OF DEATH	, money money 21201	15569
<b>E P</b>		ECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
₽ <b>( ( ( ( ( ( ( ( ( (</b>		ETT		Finagin	November 2	1968
a a a a a a a a a a a a a a a a a a a	3. 5		4. RACE	S. DATE OF BIRTH	. 1880 6 AGE (In years lost burtiday)	HE UNDER 1 YEAR HE JINDER 24 HRS MONTHS DAYS HOURS MIN
ars and are	70	female BIRTHPLACE (State or foreign 7	white b CHIZEN OF WHAT COUNTRY?	Aug. 12	9. COUNTY OF DEATH	
in 24 hau iiled in b papers. nin 72 ho	001	ntry) Md.	U.S.	8 MARRIED  NEVER MARR	Baltimore	Me
ed within 24 haurs after death pletely filled in by the cherry carban papers. Page ent, within 72 hours after death	1	Catonsville	11 NAME OF HOSPITAL OR INS OUVE STREET address: SPELL VIEW GROVE	STATE HOSP.   120 USUA	AL OCCUPATION (Kind of work done opt of working life, even if retired) if OUSEWIIE	126 KIND OF BUSINESS OR INDUSTRY
coded with	13o odr	USJAL RESIDENCE (Where deceased ussion) STATE Md.	lived, if institution Residence before Ub. COUNTY Anne Arund	13c CITY OR TOWN 13d INSIDE CITY II el Annapolis YES NO		sident Street
eath certificate be executed within 24 haurs and and physician and completely filled in by the nit. Then please remove carban papers. Pagar remayal, and in any event, within 72 hours	, 14.	FATHER'S NAME First  John W. Thomas	JOSEPH GRIFF	IS. MOTHER'S MAIDEN NAME F	trst Middle	BAKER
physician hen please haval, and ii	160	Yes, no of unknown) (15 yes give wor	or dates of service)   16b SOCIAL SECURITY   219-54-31		NG GROVE STATE	H OSPÍTAL
ne death cer attending p permit. The ion, ar rema		PART I. DEATH WAS CAUSED	ane cause per line for (a) (b), and (c) BY:	stive Heart 9	ailure	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH CG
that the deatlian. I have the attendite transit permit.		(4/39) Conditions, If any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	releastic lear	T disease	Seas
quires that t physician. signed by the burial-transit ourial, crema	ı	rise to immediate cause (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
requires ng physicien en signed ne burial-t		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR O	ONDITION GIVEN IN PART 1(0)	
IAN: The law requires the fall are attending physician. ficate has been signed by for use as the burial-traffeatth priar ta burial, cre	CERTIFICATION		INDITION FOR WHICH OPERATION WAS PE	RFORMED 20c. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
YSICIAN: aspital ar certificate hed for us of Healt	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examine	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M.		r nature of injury in Part 1 or Port 2,	Item 18.)
PHYSI he hasp this cer etachec	ME	21d INJURY OCCURRED 21e. Pi While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D No		County State
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physicial et 3 shauld be detached for use as the burial-transit permit. Then pleas ed with the State Dept. of Health priar ta burial, cremation, ar remaval, and		22a. 1 certify that 利尹(this saw the deceased also	haspital) attended the decease re an 1 (I) (we) (did) (did nat) view the	od from APTIL 9 , 19 962, and that in (my) (aur) api bady after death.	02, ta NOV2.5 , 19 nian death accurred on the de	(68), that (I) (we) las ate and haur and fram the
OR be red w		22b. SIGNATURE	cei lodon	ATTENDING - A	NED STAFF 22t	DATE SIGNED 1-23-67
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed		22d. PHYSICIAN'S GOF	se Rodon	W 1 1	ING GROVE STATE :	HOSPITAL 21228
Page of Fundamental Should	23	BUR.AL, CREMATION, 23b DA	1.26,1968 BET	CEMETERY OR CREMATORY THOSDA CHURCH	PRESTON	(County) (State) CAR, MD.
VR A15 (4) 30M REV. 1/68	24	FUMERAL DIRECTOR	ADDRESS	NTON, MD DATE NO	Y REGISTRAR 256 REGISTRAR	SIGNATURE

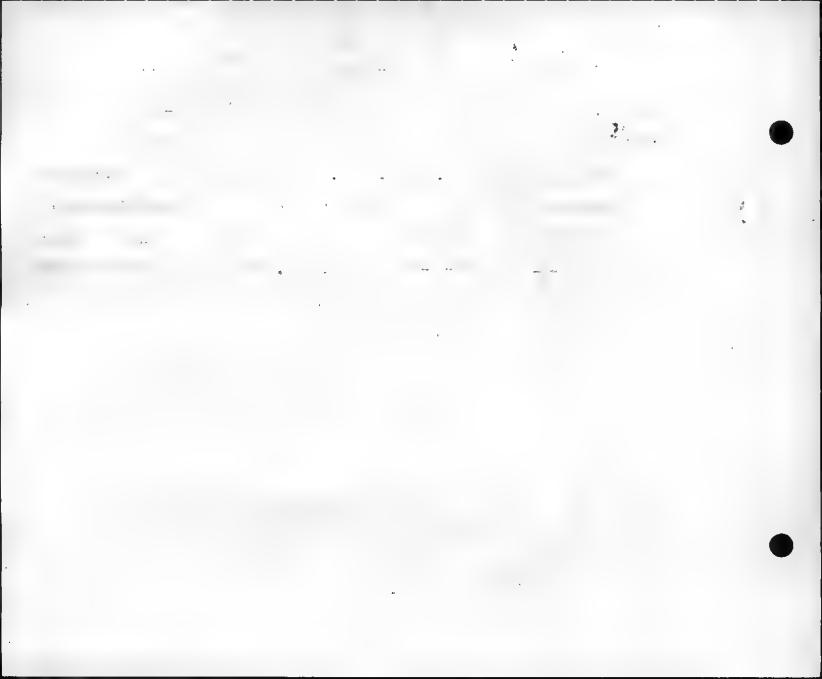


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

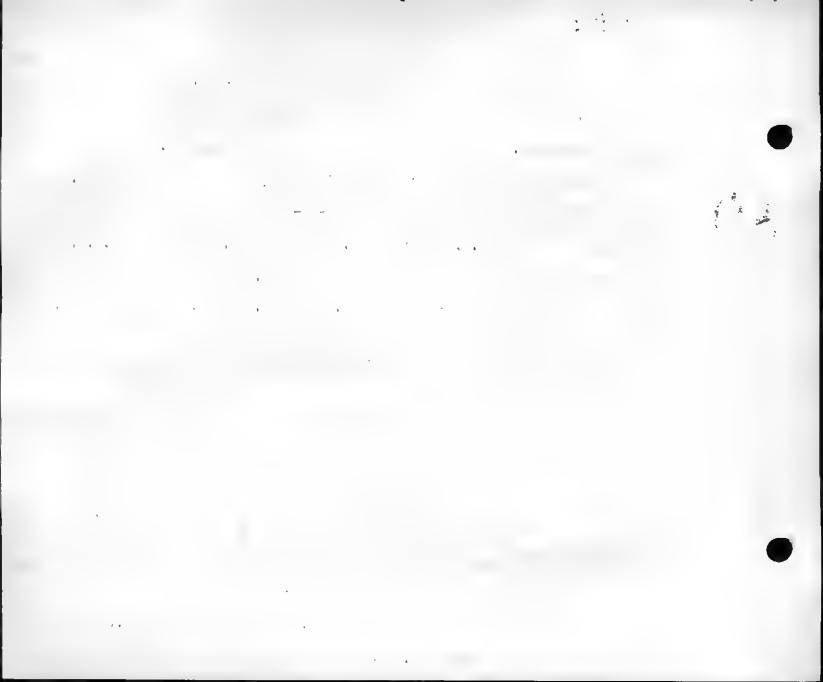
ı	,	15528	DIVISI	ON OF VITAL		301 W. PI <b>CERTIFIC</b>			TIMORE,	MARYLAND	21201	1554	4 ()
ı		CEASED NAME	First		Middle		Lost		20 DA	TE OF DEATH			2b. HOUR
H	(Ty	ype or print) C	ONRAD	ANI	DREW	FISCH	IER			11 Month	22 00	68 Yeor	6:35 M
ľ	3 SE	Х	4. RAC	Œ			S. DATE OF B	IRTH		6. AGE (I	years	NE UNDER I YEAR MONTHS   DAYS	IF JNOER 24 HRS.
1		MALE	C.	AUCAS IA	AN		]	/20/	189	lost birt	YRS	MONTHS DAYS	HOURS MIN
	70 B	BIRTHPLACE (State or forei	gn 7b CITIZ	en of what coun	NTRY?	8. MARRIED	NEVER MAI	RIED	9. COUN	TY OF DEATH	/		
	COUL	EALITMORE M	D	USA		WIDOWED	DIVO	RCED 🗌		BALTI	MORE		Md
	10 C	ITY OR TOWN OF DEATH				STITUTION (If n	ot in hospital			ATION (Kind of		126 KIND OF	BUSINESS OR
		BALTIMORE		GREAT	BA:	LT. MI	D. CH	IN BEING	ester	rking life, even	T retired )	Festav	rant
	130	LSUAL RESIDENCE (Where	deceased lived,	if institution, Resi	dence before	13c CITY OR	TOWN	13d, INSIDE CITY		30 STREET AND		_	
	OUISH:	LSLAL RESIDENCE (Where	and Vo.	.UUNIT		Belt	More	YES ^N	10 [_]	2301	stfie	ld Aven	He
	14. F	ATHER'S NAME First		Middle	Lost	15	. MOTHER'S M	AIDEN NAME	First		Middle		Lost
		And	reu		Lacher				Anni.		Long	E.	iter
	160 V.	WAS DECEASED EVER IN a es, no or unknown) (1)	S ARMED FORCE	Tanana Pra	CIAL SECURITY		NFORMANT		_		Address		
		es, in oil citic i		218	-32-10	16 4	rance	E F	igehe	r 2301	West	tield A	VONILO.
		18. CAUSE OF DEATH (6		use per line for (o	), (b) ond (c)	)	-				-		MATE INTERVAL DISSET AND DEATH
		PART I DEATH WAS	MMEDIATE CAUSE	(a)CP	RDIO	GENIC	SHOO	K				ABOUT	2 DAYS
		7999 DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gave (b) PULMONARY EDEMA											
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
			ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	IOT RELATED 16	THE TERMINA	IL DISEASE OR	CONDITION	I GIVEN IN PART	1(0)		
	No	134 cg	Table Companies	N FOR WHISH OPER	A WIND LAND OF THE PARTY OF THE	DEOD44ED	T00 14/7/	NDC LITE	- 1	206. IF YES, WERI	CINIDMOC	CONCIOCADED IN C	rna-Evillo
1	ICAT	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPER	(ATION WAS PE	KECKMED	20o. AUT		5	LONSIDERED IN C	EKIPTING		
	CERTIFICATION	210 ACCIDENT WAS UNI	DEBINING TON	TIME OF INSIDE		Tn2. (14	YES [	7 500		A Dank	L Door 2	Isam 70 1	
		OR CONTRIBUTING CAUS			Doy Yeor		INJUKT UC	CUKKED (ERT	er noilre o	of Injury in Port	i or ran 2,	item 16 )	
	MEDICAL	(If either, not fy medical		P.M.		GTORY A DAY A	CATION CA	D. E.D. 31		CA 7		County	Stote
		21d INJURY OCCURRED While Not while	ZIE PLACE UF	INJURY ( AT HOME OFFICE BU	UILDING, ETC.	217 10	CARON STEE	et or R.F.D. No	0.	City or Town		County	31016
		OL WOLK OL WOLK -		أدرأت مقفد كأدة		ad from O	20014	77 160	0 60	-6:35		69 that	t (1) (1410) last
		22a. I certify that sow the decea	ti) tims naspi ised auve an.	iali oneraea	22	19_68an	that in (n	<del>I. I.</del> '⊠-z	<del>د −</del> صح	ath occurred	on the d	ote and hour	and from the
		couses stated	above, (I) (w	e) (did) ( <b>រស់ស</b>	T) view the	body after	leath.	1, ( ) ,					
		22b. SIGNATURE	3/00	-	TI 1.		ATTEND!	NG 🖳	MED	STAFF	220	DATE SIGNED	. 0
			Heis	aja	INALL	us DEGR	EE PHYS		DIRECTOR			11-22	-6 Y
		22d PHYSICIAN'S NAME (Type)	NEERAJ	A THAP	KUR, I	M.D.	22e ADI	6701	N C	HARLES	ST.	BATT.	MD
	00					CEMETERY OR	CDIMATORY			OCATION (C ty or			
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	06 60					230 [			(County)	(State)
	24	FUNERAL DIRECTOR	Nov	KB 60	ADDRESS	mod Ca	E GLEET	2So REC D.	RY REGIST	Taylor RAR 40.85b	REG STRAR	Balta Signature	MH
1	7	HE DIPPEL	B.POS 1	NC 711	OBE	LAIR	RD	DATE	IOVZ	6 1968	1	CA D	0

executed within 24 hours after death. **10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the haspital ar attending physician.

OM REV. LOS



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 004 RTIFICATE OF DEATH and 2 5590 after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE COUNTY Rosedale Maruland Kosedale MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore hou Baltimore. Ξ. ountu uears attending physician and completely filled in rmit. Then please remove carbon papers. n. or removal, and in any event, within 72 hr. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hesaco five esaco 3. NAME OF First Middle Last 4. DATE Mon th DECEASED 68 (Type or print) DEATH 19 executed, 5. SEX 6. COLOR OR RACE 8. DATE OF AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours 85 Ma WIDOWED DIVORGED 10b. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? þe Wei l'ianu Land 0 PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Anna schen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address INFORMAN has we signed by the attental as the burial-transit permit, prior to burial, cremation, or n (Yes, no, or unknwn) (If yes give war or dates of service) hesaco Ave. No INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which rise to immediate DUE TO (a), stating underlying cause last TO FUNERAL DIRECTOR: After this certificate has a director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO F 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While à ATTENDING 19 at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from 19 60. to. 1968 that (I) (we) last and that death occurred at // A M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED ATTENDING PHYS. STAFF Page 4 may ! M.D. DIRECTOR PHYS HYSICIAN'S APPRESS director, p 22d. NAME (Type) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23d. LOCATION (City, town or county) Bunia emeteru 0 FUNERAL DIRECTOR REC'D'BY REGISTRAR 24. 25b. VR A15 (4) 15M 4-64



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15530 1554. CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH completely filled in by the funeral nove carban papers. Pages 1 and 2 haves event, with n 72 haves after-degith. 26. HOUR exercited within 24 haurs after death (Type or print) NOVEMBER CHARLES EMORY RISHBR 3 SEX 4. RACE S DATE OF BIRTH 6 AGF (In years F JNDER I YEAR SHTHOM 1/23/95 MALE NECRO 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARR ED MARYLAND U.S.A. WIDOWED | DIVORCED [ BALTIMORE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street address) during most of working life, even if retired ) 13 FORT HOWARD TETERANS ADMIN. HOSPITAL .30 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 36. COUNTY HOWARD odmission) STATE геттруе MARRIOTTSVIILE X MARYLAND Rt 99B 125 14 FATHER'S NAME and Lost 15 MOTHER'S MAIDEN NAME First M dele Lost ELIAS FISHER SEVOY physic and o RACHEL requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) the attending phys 218 12 33 36 CLINICAL RECORDS, VAH, FT. HOWARD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BETWEEN DASET AND DEATH **BRONCHOPNEUMON IA** ъ DUE TO, OR AS A CONSEQUENCE OF signed by the burnal transit p Conditions, if any, which gave t CEREBRAL HEMORRHAGE rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse CEREBRAL ARTERIOSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS utopsy YES [ NO EC the haspital or 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a | certify that (this haspital) attended the deceased from OCT 15 , 1968 , ta NOV 25, 1968 , that (X) (we) last saw the deceased alive an NOV 25 1968, and that in the Page 4 may be retained by causes stated above, (H. (we) (did) bibarrow) view the body after death. 22b SIGNATURE 22c DATE SIGNED 2668; ATTENDING

VR A15 (4) ■5M - 1 69

230 BURIAL, CREMATION

REBURL DATY) 11-24-65 24 FUNERAL DIRECTOR

22d PHYSICIANS NAME (Type) INFAN A. ORER, M. D.

23b DATE

BALTIMORE NATIONAL

PHYS

22e ADDRESS

DÉGREE

(County) BALTIMORE. MRKYLAND 250. RECD BY REGISTRAR REGISTRARS S GNATURE

23d LOCATION (City or Town)

MED DIRECTOR

VAH, FT. HOWARD, MD.

(Stote)

32 ELDERSBURG

23c. NAME OF CEMETERY OR CREMATORY

learla





# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1054,

CERTIFICATE OF DEATH

*											
1. DECEASED-NAME (Type or print)	First		Middle		Lost		20. DATE OF		Den		2b. HOUR
(t)be or built	THEO	JORE		FORM	WALT		Nev.	Month 27,	196	8"	9 A. N
. SEX Male		4 RACE	White		S. DATE OF I	BIRTH		6. AGE (In years lost birthday)	IF UNDER	I YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.
					Neven	ber 25,1		92 YF		2413	TROOK 2 MIN.
o. BIRTHPLACE (Stote	e or foreign		WHAT COUNTRY?	8. MARRIE	D 🔀 NEVER MA	RRIED 7.	COUNTY OF				
country) Maryl:	and	U.S		MIDOME		RCED 🗍		Bal	timer	В,	Md
O CITY OR TOWN OF			NAME OF HOSPITAL OR II				OCCUPATION t of working	(Kind of work dor	ne 12b. I INDU		BUSINESS OR
Tews			Helly Hill					life, even if retired	,		
3a. USUAL RESIDENC Idmission) STATE	E (Where deced	sed lived, if inst	ritution: Residence before Paltimere			13d. INSIDE CITY LIMIT		REET AND NUMBER	73 .	_	
	riu.	100 (0011)	DSTCTHOLO	LSG	dwin	, ,	340		Ferk	Hea	ı d
14 FATHERS NAME	First	Middl			IS. MOTHER'S N	NAIDEN NAME Firs		Middle			Lost
	ter		Fernwalt			<b>Joioticus</b>	Lid:	ia	Ste	rme	r
160 WAS DECEASED I		MED FORCES? war or doles of service	166 SOCIAL SECURITY		INFORMANT			Address			
Yes, no or Jnknow	117		212-38-23	367	Mrs C.	Bernice	Fernwa	alt Sa	me		
18. CAUSE OF	DEATH (Enter o	nry one couse pe	er line for (a) (b), and (c	1) 4	111	7			6		MATE INTERVAL INSET AND DEATH
PART I. DE	ath was causi	D BY: IATE CAUSE (o) _	Cardi		Marke	1/28					THE PLANT
440		–	OR AS A CONSEQUENCE O		1						
Canditions, if o	/	)	JK AS A CONSEQUENCE OF	11/00	15-101	creses					
rise to immedi			OR AS A CONSEQUENCE OF								-
stating the un-	dertying cause	(c)	or and a constitution of								
PART 2 OTHER	SIGNIFICANT CO		IBUTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE OR COL	NDITION GIVE	I IN PART I(a)			
t of											
190. DATE OF OP	RATION 1396	CONDITION FOR	WHICH OPERATION WAS P	FREORMED	20a. AUT	OPSY2	- 20h IF	YES, WERE FINDING	S CONSIDER	FD IN CI	FRTHEYING
			VIII-0.7 OT E((III) III-0.7)		YES [			OF DEATH?	0 2411310211		
210 ACCIDENT	WAS TINDERLY	NG TOTAL TIME	E OF INJURY	1216			noture of union	y in Port 1 or Port	2 Itam 193		
	G CAUSE OF DEA	ATH HOUR A.	M. Month Day Yea		HOF HOOK! G	COKKED (EINE)	iorole of ingul	y mi rose e or rose	Z, Helli 10.,		
(If either, notify				19							0
≥ 21d INJURY OC While \ Not	while 1	. PLACE OF INJUI	RY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORT, 3 231.	FOCATION 2016	et or R.F.D. No.	City	TWO TO	Count	У	State
at wark at v	vark 💳				-			1/200			
22a. I certif	y that (I) (#	<del>is-hospital</del> )	attended the decea	sed from_	CCA	<u>0</u>	17, ta	Y07-27,	19 5 6	, that	(1) (we)-las
Saw the	stated ahav	ارا (۱۱ عملاط) ام (۱۱ (سمالط)	id (did not) view the	hadvafte	na inai in (R	n <del>y) (o</del> ur) apini	ian death d	occurred on the	date and	haur	and tram the
226 SIGNAJURE	Januar abur	0,114 (-0)19	A TOTAL TION	Z.	i deam.			2	2c DATE_SIG	NED /	
7	ruce	. To	at M.	V. DE	GREE PHYS	ING MET	ECTOR 🔲	STAFF PHYS.	11/2	7/6	P
22d PHYSICIAN	5 1		12/	7		Dik	/	77 /	1	/	
NAME (Typ	B) LAU.	RENCI	E C. 105	13	60	BESS J-U	ork	to			
23a BURIAL, CREMAT	ION 23h	DATE	23c NAME OF	CEMETERY C	R CREMATORY	- 1	23d LOCATIO	N (City or Town)	(Coun	fv)	(State)
BEI MOYAL (Specif		1/30/68			d Meth			Green	Balt		Md.

**ADDRESS** 

Leenard J. Ruck, Inc. Balte. Md. 21214

25g. REC D BY REGISTRAR DATE NOV 2 9

REGISTRAR'S SIGNATURE

25b.

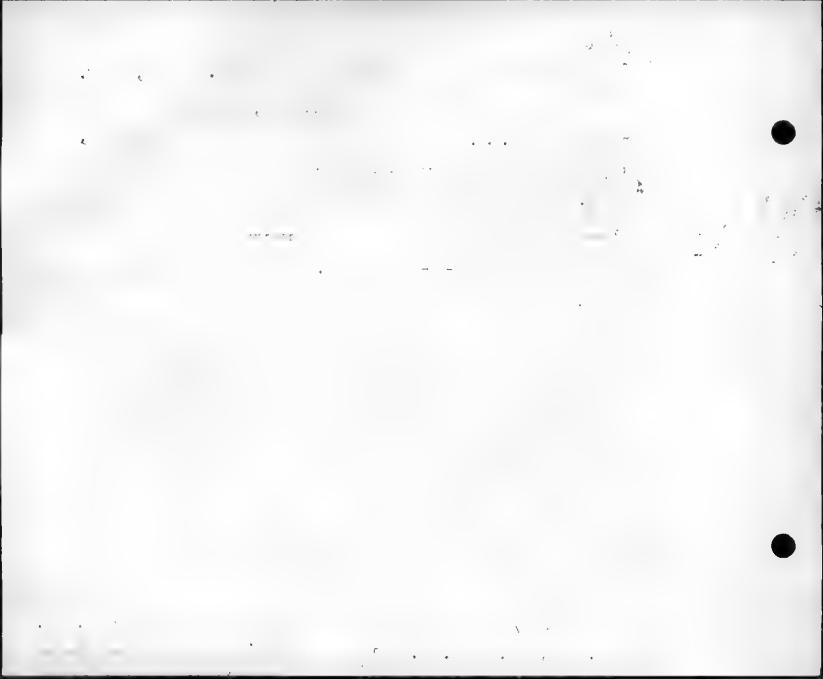
1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the farmeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burnal, crematian, or removal, and in any event, within 72 hours after death. athin 24 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician.

30M REV 1/68

24. FUNERAL DIRECTOR

TO HOSPITAL



and campletely filled in by the transcriptors garban papers. Pages 1 and 2 and 2 any eyent, within 72 haurs affer death.

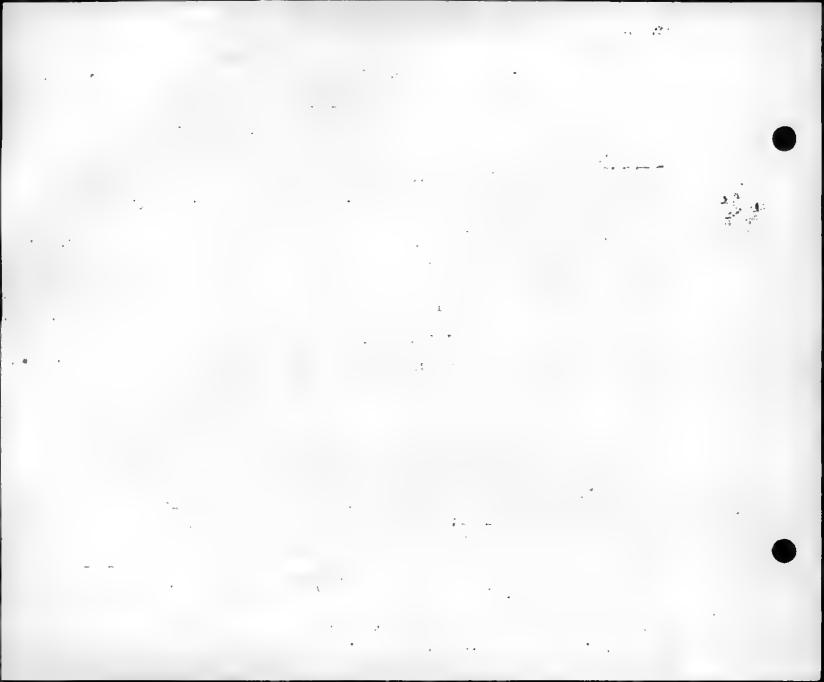
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and it

VR A15 (4) 30M REV. 1/68

	15538		CERTI	FICATE OF DE	ATH			1554	5
DI	ECEASED-NAME First	t	Middle	Last	2a.	DATE OF DEATH		.,	2b. HOUR
-{	YPE OF PSTONEY	ISADORE	FRADKI	IN		11 Manth	28 <sup>6</sup>	68°°	9:05Pm
. SE		4 RACE		S DATE OF BIRTH		6 AGE (In y	rears	IF UNDER 1 YEAR	IF JNOER 24 HRS. HOURS M N
	MALE	CAU		7⇔14⇔14			YRS.		
'a i	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	THESINE	IED NEVER MARRIED		NTY OF DEATH	10 1 4		
n (	ITY OR TOWN OF DEATH	1 44.0/_	F HOSPITAL OR INSTITUTION	h1		PATION (Kind of wo		12b. KIND OF	Md QO 223MISHS
	TOWSON	give street				rarking life, even if r		INDUSTRY	503114E 23 OK
3a.	USUAL RESIDENCE (Where deced	ised lived, if institution; R	esidence before   13c CIT		NSIDE CITY LIMITS?	13e STREET AND NU	MBER	1	
ıdm	MARYLAND	13b. BALTIM	ORE BA	LTIMORE YES	□ NO X	1 DELL	COUF	PΥ	
4.	FATHER S NAME First	Middle	Last	IS. MOTHER'S MAIDEN		1	Aiddle		Last
	NATHA		RADKIN	ANNI	E			FR.	ADKIN
		water or dottes of survices	,	17 INFORMANT		A	ddress		
-	Tea Wu		12-50-6432	wate			.5a		
,	B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far	(a), (b), and ( $\epsilon$ ).)	\					MATE INTERVAL MSET AND DEATH
	IMMED	IATE CAUSE (a)RE	SPIRATORY F	AILURE				An VR	S. HYPT
	4114	DUE TO, OR AS A C						RENAL	FAILUR
	Canditians, if any, which gave rise to immediate cause (a),	(D) 11111	PRETENSION R	ENAL FAILU	RE			I.	YR
	stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF EDE	MA				P. EDE	MA 6MO.
	PART 2 OTHER SIGNIFICANT CO	17			EASE OR CONDITIO	ON GIVEN IN PART 1(c	1)	-!	
z	444X	-							
ATIO	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY?		20b IF YES, WERE FI	NDINGS COL	NSIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION				YES 🔲	но 🔀	CAUSES OF DEATH?			
M CE	21 g. ACCIDENT WAS UNDERLY	The same of the same	RY 21 inth Day Year	c. HOW INJURY OCCURRI	ED (Enter nature	of injury in Part I o	r Part 2, Ite	em 18.)	
	(If either, natify medical exam	niner) P.M.	19						
×	21d INJURY OCCURRED 21e While Not while	e. PLACE OF INJURY ( AT HO OFFICI	DME, FARM, STREET, FACTORY, 21 E BUHLDING, ETC.	If. LOCATION Street or	R.F.D. No.	City or Town		County	State
	at wark at wark	has become all the standar	d at d	11-21	10 08	to11=28	10 f	18 al-at-	(I) (we) last
	22a I certify that (I) (the saw the deceased causes stated above	alive an <u>11-28-</u> re, (I) (we) (did) ( <del>did</del>	<u>•68</u>  Y,	and that in [my] (i				e and haur	and from the
	22b. SIGNATURE		00 0	ATTENDING	MED	STAFF C		ATE SIGNED	
		saja 1h	alles	DEGREE PHYS.	DIRECTOR	PHYS. Q	1 11	L-29-68	
	22d. PHYSICIAN'S NAME (Type) NEER	AJA THAKUR		6 70 L	NORTH CI	HARLES STI	REET		
23 c		. DATE	23c NAME OF CEMETERY			LOCATION (City or To	wn)	(Caunty)	(State)
C		2/1/68		odest		Batto-	CICADADA	CHATIO	101
5	FUNERAL DIRECTOR	ason, INC 96	10 Rusterston	n Rd DA	REC'D BY REGIS	1968 A	GISTRAR'S S	CON JOH	ye.



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbbn papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar aftending physician.

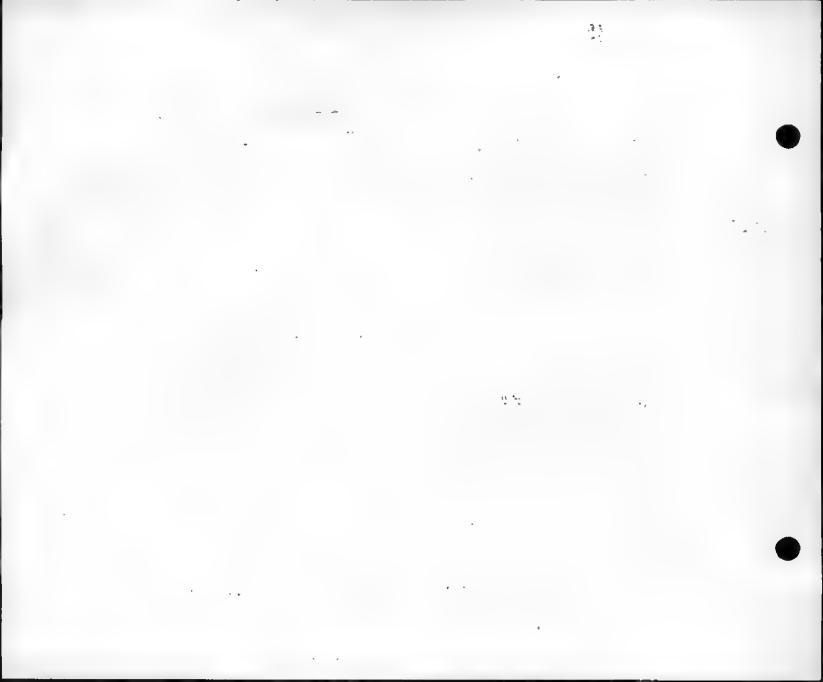
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# 15534

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	b-	?-	p	G
JI,	4.7	$q_{_{2^k}}$	4. 3.	Tr.

			LICITI I CA	IL OF DEATH				
1. DECFASED NAME	First	Middle		Last	2a DATE	OF DEATH		2b HOUR
(Type or print)	Henry	Palmer	FRA	NKENFIELD		Month D	1 1968	155PM
SEX	4. RACE		5.	DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
Male	Whit			7-3-1883		last birthday) 85 YRS	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (Stole of country)  Maryland	U.S.		WIDOWED			lmore,		Md
Towson	gr	NAME OF HOSPITAL OR INST ve street address) St. Joseph	Hospita	1 during	past of wark etired	ON (Kind of work done in the control of the control		BUSINESS OR
Maryland		Baltimore	136 CTY OR TO	ille YES N	10 50 4	Bramleighg	arth	
John	Wesley	Frankenfle/	d s	NOTHER'S MAIDEN NAME	Enst Zabet	h Richm	nond	Last
Yes, na, ar unknawn)	(If yes give war or dates of service)  (YONE	166 Sốc al secur TY N	_	ormant nily record	3	Address		
18. CAUSE OF DEAT PART I. DEATH  Candit ans, if any, vise to immediate stating the underly last	DUE TO, 0 which gave) cause (a), (b)—	line for (a), (b), and (c).)  Multiple pul  R AS A CONSEQUENCE OF  Multiple pul  R AS A CONSEQUENCE OF			as		APPROXIM BETWEEN OI	MAYE INTERVA, MSET AND DEATH
	pancreatiti ON 196. CONDITION FOR N			2Do AUTOPSY?	20b	IF YES, WERE FINDINGS	CONSIDERED N CE	RTIFYING
3 DR CONTRIBLTING	CAUSE OF CEATH HOUR A.M	OF INJURY A. Manth Day Year A 19	21c HOW	INJURY OCCURRED (Ente	_	njury in Part 1 or Part 2	, Item 18)	
21d. INJURY OCCUR! While Not while at work at work	RED 218. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.		FrON Street or R.F.D. No.		ity ar Tawn	County	State
(auses stat	nat ( <b>K</b> (this hospital) a reased alive on 117 ed above, (I) (we) (de	ttended the deceased 21 19 i) (aid nat) view the b	from 10 68, and tady after dec	/ 5/ , 19_ hot in (my) (our) op ith.	.68 , ta_ union deat	h occurred on the d	9 <u>68</u> , that late and hour c	(we) last and from the
22b. SIGNATURE	1 10000	Vrus.	DEGREE		MED DIRECTOR		DATE SIGNED ./21/68	
22d. PHYSICIAN'S NAME (Type)	Samuel Lee					Towson, Md.	21204	
230 BUR AL, CREMAT ON,	236 DATE NOV. 23, 1	- M	t Hill	emetery	1000	ition (City of Tawn) on, Maryla		(State)
24 FUNERA DIRECTOR	Truno Sa	ADDRESS	w) De	MH REC'D	By REGISTRAR 2 6 19	68 25b REGISTRAR	S SIGNATURE	4.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15547

CERTIFICATE OF DEATH

		CEASED-NAME	First		Middle		Lost		2a. DATE OF DE			2b. HOUR
	(1	ype or print)	Charles		H.	Fr	rederick		Nov.	Month 22 Day	968 Yeor	,
	3. SE	Х	4 RAC	E			S. DATE OF BIR	RTH	6	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		M		W	7		9-18,	1880		last bightay) YRS.	MONTHS DAYS	HOURS MIN
	70 F	BIRTHPLACE (Stote or for	eion 7h CITIZI	EN OF WHAT (		R			). COUNTY OF DE	******		
	cour	Mary land	orgis T.D. Ciriza			WIDOW	ED X NEVER MARI	KIED				
	10.0	ITY OR TOWN OF DEATH		U.S.	F HOSPITAL OR INS	t .	-	CED DECLAR	Baltimo		Ver With or	Mo
				give street	address)	A MOLIDER	nue 2122			nd of work done , even if retired )	126 KIND OF INDUSTRY	
		alethorpe									В &	0
	13a. admi	uSJAL RESIDENCE (Whe	re deceased tived, i	OLINTY		13c. CITY	OR TOWN	VES TO ME SET DE	13e STREE	AND NUMBER		0100=
ı		ssion) STATE Mary land		Bal	timore	Ha 1	ethorpe	157 140	-k 1002	Francis	Avneue	21227
	14. F	FATHER'S NAME Fire		Middle	Last		IS. MOTHER'S MA	IDEN NAME FI	st	Middle		Lost
		Jac	ob	H	Frederic	ck	Ann	ie	Margare	t Do	wling	
	160.	WAS DECEASED EVER IN	LS ARMED FORCE	5? 16b.	SOCIAL SECURITY N	10 1	7 INFORMANT			Address		
ĺ	L '	es, no, or unknown) NO	for key dise wer on other to	service)			Hattie F	rederi	ck 1002	Francis	Avene	21227
		IB. CAUSE OF DEATH			(a), (b), and (A)	0					APPROXII	MATE INTERVAL INSET AND DEATH
		PART I DEATH W	AS CAUSED BY		( ) ( )	JN7	N .	d. 600	- C	•	-	A DEATH
		11100	IMMEDIATE CAUSE		ONSEQUENCE OF	1000	1000	013-				-
		Conditions, if ony, who			ONSEQUENCE OF	DN	٠ ا ماد ا اسا	Rent	- 244	andre -		
		rise to immediate ca	use (a), (	(b)	CONSEQUENCE OF	•		1		1-	21	
		stating the underlyin- last.	g couse Duc	(c)								
		PART 2. OTHER SIGNIFI	CANT CONDITIONS (			OT DELATES	TO THE TERMINAL	DISEASE ORCO	INDITION CIVEN I	PAPT I(a)		
		I ANI 1: OFFICE STORY	CAM COMPINIONS C	OWN DOTING	TO DEATH DOE NO	JI KEDAJEC	TO THE TERMINAL	DIJENJE DR CC	MUNITOR OFFER II	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	NOL	19a, DATE OF OPERATION	195 CONDITION	LEUB MHICH U	PERATION WAS PE	PEOPMED	20g. AUTOR	CV2	Tob is ve	S. WERE FINDINGS (	ONSIDERED IN CE	ERTIFYING
	CERTIFICATION	Tra, DAIL OF OF ENAPOR	170 CONDITION	TOK IMICITO	CRATION WAS I'E	NI OKHILD	YES	NO [	CAUSES OF		OH PERCED III EE	ANN THIS
	ERTI	21p. ACCIDENT WAS U	NUEDIAING TOSP	TIME OF INJU	IDV	21,			nature of in the	n Part 1 or Part 2,	Itom 101	
	DICAL (	OR CONTRIBUTING CA	USE OF DEATH HO	UR A.M. Mo	onth Day Year	210	HOW MUCK! OCC	OKKEN (TIME)	natare at tistary i	iruit - Giruit 2,	Helit (6.)	
	MED!	(If either, notify medic	al examiner)	P.M.	19		106171011 5	D.C.D. N		-		Ch h
	~	21d. IN. URY OCCURRED While The Not while T	21e. PLACE OF	OFFIC	E BUILDING, ETC.	10KL) 211	LOCATION Street	for K.FD No	City or	iown	County	State
		While Not while of work	7						d= 1 00 1	4.0	1.71	111 1 1 1
		22a. I certify that saw the dece	l (I) <del>(this-hospil</del>	all attende	d the decease	ed tram	n n d dh nd in (mn	, 19 <b>_Z_</b>	5 , to 10 o	<u>u2-2</u> , 19	, that	(1) (we) las
		rauses state	asea alive an dabave, (I) (🕶	2) (4j4) (4j4	eat) view the l	Դա <b>նես Ա</b> յն hadvafti	ana mai in (m) er death	y) <del>(our)</del> apir	ilan dearn acc	urrea an the ac	ite and haur (	and fram the
		22b SIGNATURE	a abave, (i) (**	,, ,,						275	DATE SIGNED	
		220 Significant	7365	34 M	المحوا	EGG NI	EGREE PHYS	G MI	D SECTOR D S	TAFE - a	1.90/	68
		22d. PHYSICIAN'S	1 1000	<u></u>			22e ADDI		KEIOK	1115.	1000	0
		MARKET (T)	Frederick		Beit	ler			cis Aver	116		
	230	BUR-AL, CREMATION,	23b, DATE				OR CREMATORY		23d LOCATION		(County)	(State)
	230	REMOVAL (Specify) Rurial	11-25-	68						ore City,	. ,,	
	24	SUTIAL FUNERAL DIRECTOR	111-57.	-00	ADDRESS	rark	Cellierer	2Sa REC'D BY	REGISTRAR	2Sb REGISTRAR'S	SIGNATURE	110.
1		Howard H.	Hubbard 4	107 W1					5 1968			N.
							-	11 K 1977 W Prof	TO ILILIU	Ale I	W 1 2 W	

death. deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after.

Page 4 may be retained by the hospital or after ling physician. lease remove carban papers. Pages Tara in any event, with a 72 hours after sisiem onld completely filled in by pleose **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending plysidirector, page 3 should be detoched for use os the buriol-transit permit. Then all should be filed with the Stote Dept. of Health prior to burial, cremation, or removal,



ecuted within 24 hours ofter deoth.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifity Page 4 may be retained by the hospital or attending physician.

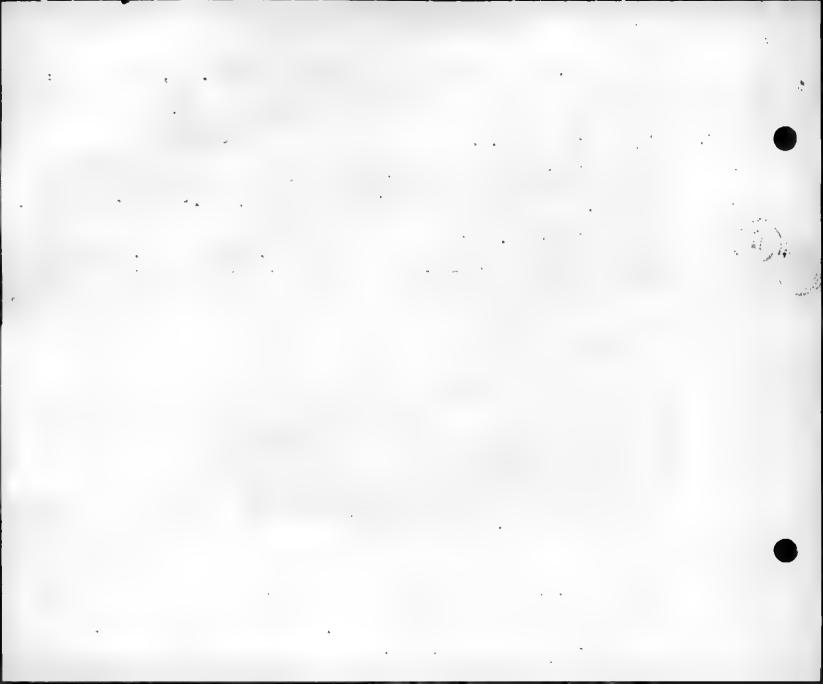
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

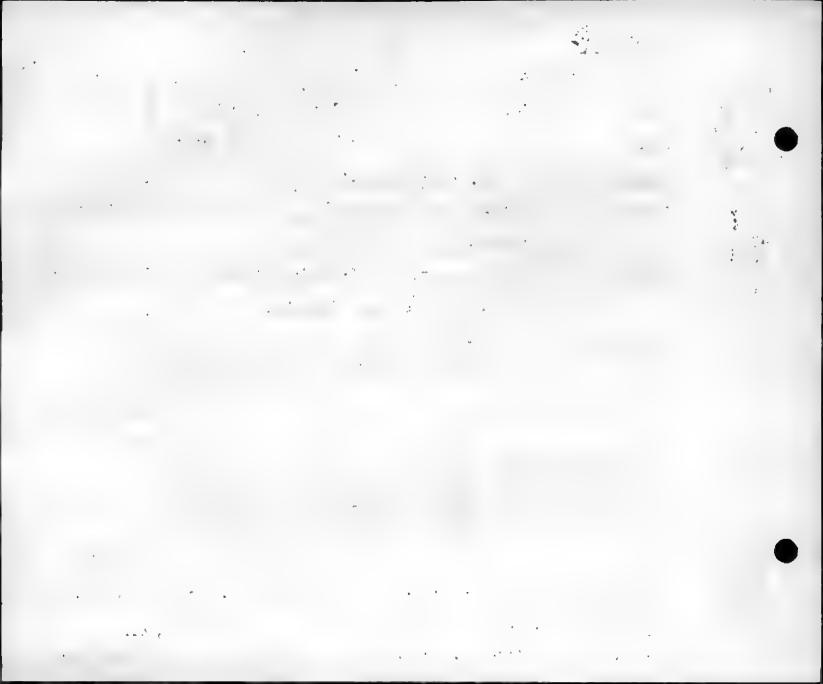
Mr.

15518

1.		First Middle	Lost .	2a. DATE OF DEATH	2b. HOUR
	(Type or print)	RAY CATHERI	NE FRENCH	Nov. 30 1968	Year 4:40p
3	SEX	4. RACE	S. DATE OF BIRTH		F JMDER 1 YEAR IF UNDER 24 HRS
	female	white	12/5/1889	iost birthdoy) 78 YRS.	ONTHS DAYS HOURS MIN
7¢	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
CC	Baltimore	U.S.	WIDOWED DIVORCED	Baltimore	M
10	CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OF	INSTITUTION (If not in hospito) 120 USI	UAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
L	Middle Rive	2r 1228 Wil	son Point Kal H	most of working life, even if retired) OUSEWIFE	at home
13	a USUAL RESIDENCE (Where de Imission) STATE Md.	econsed lived if institution Pesidence hale	TO 1134 CITY OF TOWN 124 INSIDE CITY		n-1-4 n1
				™X 1228 Wilson	Point Rd.
14	FATHER'S NAME First	Middle Los			Lost
L		liam C. Haupt		a King	
I	50 WAS DECEASED EVER IN U.S. Yes, no, or unknown)   (If yes	ARMED FORCES?  16b SOCIAL SECURI 2 12-26-2	TY NO. 17 INFORMANT 719 N.	Kenwood Away 2	1205
F		212-26-2	009 Dolores 1.F	euchter, dght,	APPROXIMATE INTERVAL
ı	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause per line for (a), (b), and	// // // // // // //	,	BETWEEN ONSET AND DEATH
		MEDIATE CAUSE (a)	71	0~	Gormenen
L	4157	DUE TO, OR AS A CONSEQUENCE	OF //		
ı	Conditions, if ony, which gi			<u> </u>	
L	stating the underlying ca		OF		
L	last.	(c)			
	12.7	T CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE OR	RCONDITION GIVEN IN PART 1(a)	
AT ON		1% CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYING
YANGINET A	<b>₹</b>		YES NO	CAUSES OF DEATH?	
				er nature of injury in Part 1 ar Part 2, Ite	m 18)
400	OR CONTRIBUTING CAUSEO  (If either, notify medical expension of the contribution of th	xaminer) P.M.	19		
1	While Not wh.le		FACTORY.) 21f. LOCATION Street or R.F.D. N		County State
ı	22a. I certify that (I)	(this hospital), attended the dece	ased fram 8 -30 , 19	6d, to 12-1, 196	L, that (I) (we) las
L	saw the decease	ed alive an//27 bove, (l) ( <del>we)</del> (did <del>) (did no</del> t) view t	_19 <i>6</i> , and that in (my) ( <del>our</del> ) ap	pinion death accurred an the date	and hour and fram th
	22b. SIGNATURE	bove, (I) (we) (did) (did) (lew II	ie bady affer death.	22. DA	TE SIGNED
	(43)	little on	DEGREE PHYS		-2-68
	22d PHYSICIAN'S NAME (Type) Dr.	. John B. Little	ton 22e ADDRESS Ea	stpoint Medical	Center
23			OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
L	Burisar)		land Mem. Park	Baltimore, M	d.
2	Schimunek	Funeral Home, ADDR	nc. 25a. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
	3331 Bi	rehms Lane	DATE DE	1000 F	11 "



•	,	1	Ιt	em7b FilmGl	06 17	1/14/68	ICH PECOPE	ND STAT	DEPARTI	MENT OF I	HEALTH	MADVIAND 21	201		
				15537	U	ITISION OF	THAL RECORD	CFRTIF	CATE OF	DEATH	IINOKE,	MAKILAND ZIZ	101	5540	
<u> </u>	25	<u> </u>		CEASED NAME	First		Middle	CENTIN	Lost	DEATH	2o. D/	ATE OF DEATH			25 HOUR
0.0.0	death	- [	_(T)	rpe or print)	Conce	tta			GIARDI	NA		Month 11	Дау	1968	1245P
is the second	G C		3. SE)			4. RACE			S. DATE OF		,4	6. AGE (In year	ors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HDURS MIN.
1	S S S		Fe	male		White				ember 7	, 18		3 YRS		
10 P	20 E		o B	RTHPLACE (State or foreity)	gn /b	USA	AI COUNTRY?	8. MARRII WIDOWI	D NEVER MA	ARRIED [] ORCED []		TY OF DEATH			
22	4			TY OR TOWN OF DEATH		_	ME OF HOSPITAL OR		(Strange)	120 USU	AL OCCUP	timore,	done	126 KIND OF	Mo BUSINESS OR
TRE ATTENDING PHYLICIAN: The faw requires that the death certificate be executed within 24 has be retained by the Daspital or attending physician.  TREATOR: After this certificate has been coned by the attending physician and completely falled in the attending physician.						give s'	treet oddress)			during m	ost of wo	rking life, even if ret	ired.)	INDUSTRY	193111232 011
ecuted with	5 5		30. I	WSON  JSJA, RESIDENCE (Where	deceosed	lived, if institute	on Residence befo			13d INSIDE CITY L	MAITS?	3e STREET AND NUME		7.	
ecut	remove any ev			sion) STATE		Baltimo			more			5432 Addi		n Kd.	
X9 90	ופת ה	,	14. F	ATHER'S NAME First		Middle	Lost		15. MOTHER'S I	MAIDEN NAME	First	Mic	ldle		Lost
te b	nystran and comprenent please remove cathavail, and in any event,	H	160.	WAS DECEASED EVER IN I	J.S. ARMED	Giardi FORCES?	<b>na.</b> 16b. Social Securi	TY NO.	INFORMANT			Add	ress		
tifica hveir	ol, o		Ye	is, no, or unknown) (If	yes give war or	r dates of service)			m Har	ry Giar	dina	.1119 Pro	vide	nce res	ıd
Les :	superally me are any may burial-transit permit. Then plantial, cremation, ar remaval,	ľ	٦	IB. CAUSE OF DEATH (I			e for (o), (b), ond		<del></del>					APPROX/A	NATE INTERVAL
eath	permit. The lon, ar rema			PART I. DEATH WAS	CAUSED B'	Y: CAUSE (o)P	ossible	cerebr	al infa	rction					
he d	ion,	- 1		Conditions, if ony, which		*	S A CONSEQUENCE	OF							
ant the	msit	- [	- 1	rise to immediate cous	e (o), (		neumonia S A CONSEQUENCE	20							
tricial	5		-	stating the underlying lost.	COUSE		iabetes		15						
equires the physician comed live	ourio ourio		ı	PART 2 OTHER SIGNIFIC	NT CONDIT					IAL DISEASE OR	CONDITION	GIVEN IN PART 1(0)			
w re ling			8	x ox											
The law re attending	as Pring		CERTIFICAT ON	19a DATE OF OPERATION	19b. CON	NDITION FOR WHI	CH OPERATION WAS	PERFORMED	20o, AU		- 1	206 IF YES, WERE FINE CAUSES OF DEATH?	DINGS CO	NSIDERED IN CE	RTIFYING
# 10 at	ar use Health	-L (		21o. ACCIDENT WAS UN		21b. TIME OF	INJURY	210	HOW INJURY O			of injury in Part 1 or 1	Port 2. It	em 18.)	-
CAN International Control	af Fe		MEDICAL	OR CONTRIBUTING CAUS	E DF OEATH	HOUR A.M.	Month Doy Ye			,					
PHYTICIAN e Baspital his certifica	detached te Dept. a			21d. IN. JRY OCCURRED	21e. PL/	ACE OF INJURY	AT HOME, FARM, STREET OFFICE BUILDING, ETC.		LOCATION Str	eet or R.F.D. No	).	City or Town		County	Stote
<b>G P</b>	be detached State Dept. (	- 1		While Not while					30/07		70 .	33 // /		70	RE 1
ining Physician: I by the Baspital or After this certificate	Sta	- 1	-	22a. I certify that saw the decea	(1) (this i	hospitol) otte e op11	nded the dece	osed from _19_ <b>68</b> . (	nd that in (	my) (our) on	inion de	o 11/0/	_, 19_ the dot	e and hour a	(A) (we) las
ATTENI retainind	the contract of the contract o		ı	couses stoted	obove, (	l) (we) (did) (	did not) view tl	ne body oft	r death.						
be retaining	%		-1	22b. SIGNATURE	mio	1 -	Tomboz		GREE PHYS	DING [	MED. DIRECTOR	STAFF PHYS.	22c. D.	ATE SIGNED 6/68	
NE R	ege Filed	7	ŀ	22d. PHYSICIAN'S		<del>-</del>			22e. Al	DDRESS					
Page 4 may t	director, page 3 should should be filed with the	/		NAME (Type)	Cam	110 Tom	bac, M.D		76	20 York		, Towson,		21204	
ige 2	hauf	3	230	BURIAL, CREMATION,	23b. DAT				R CREMATORY		1	OCATION (City or Tow		(County)	(Stote)
5 g 5	5.42 ~ (√	3		REMOVAL (Specify) SUPTION UNERAL DIRECTOR	1	1/11/68	Lor	raine	Mausole	um 250 REC'D E	Bu PEGIST	ltimore RAR 25b REGI	Md.	COMATURE	
3	VR ATS (4) .	3	Wi	tzke, 4101	Edmo	ndson A	ve. Balt	0.2122	9	DATE NO			lian	Alay Jac	4



2So. REC'D BY REGISTRAR

256 REGISTRAR S. SIGNATURE

24. FUNERAL DIRECTOR

line & Sons Reisterstown, Md.



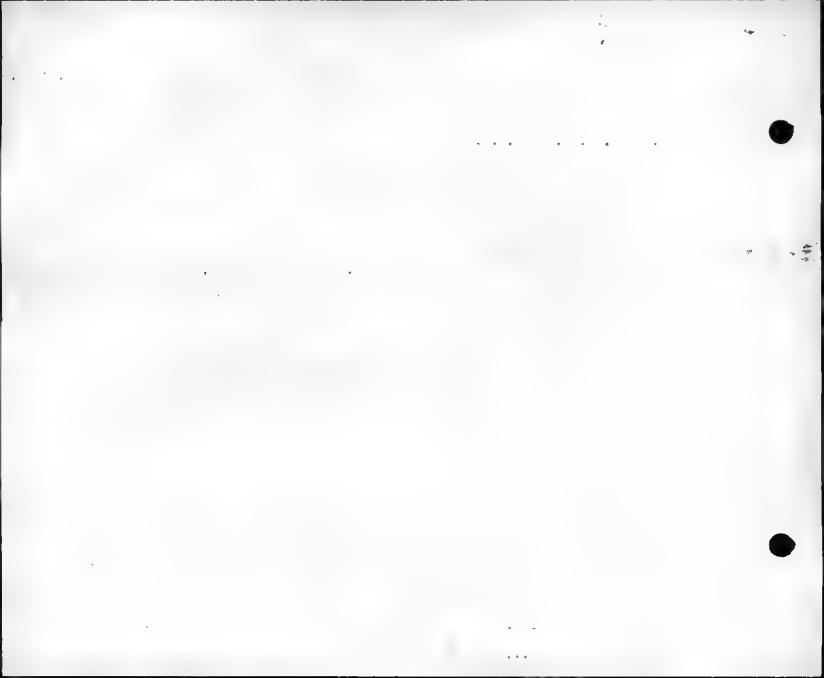
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 3551 15539 CERTIFICATE OF DEATH 2b HOUR DECEASED NAME First Middle Last 2a. DATE OF DEATH 24 hours after death (Type or print) Manth HARRY TILDEN GLADDING November 6. AGE (In years last birthday) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE June 30,1918 Male White 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, Md. USA WIDOWED [ DIVORCED [77] Baltimore 12a USUAL OCCUPATION (Kind of work done during most of Working life, even if retired.)

185105 CITY LIMITS? 13e STREET AND NUMBER 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street address) St. Joseph's Hospital Towson 13d. INSIDE CITY LIMITS? 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN buriol, cremation, ar remaval, and in any even 13b. COUNTY NO 🗔 Annapolis 710 Americana The law requires that the death certificate be, execu IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, eg. grunknawn) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),
PART I DEATH WAS CAUSED 8Y. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral carcinoma, metastatic DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a (b) Carcinoma of the lung rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Hypostatic pneumonia director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 📈 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 22a. I **certify** that (\*) (this haspital) attended the deceased from 10-24 , 19-65, to 11-23 , 19-65, that (I) (\*) last saw the deceased alive an 11-23 , 19-65, and that in (my) (\*) apinion death accurred on the date and have and from the causes stated above, (I) (\*) (did) (did not) view the body after death. O FUNERAL DIRECTOR: After 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. withing, in ) 11-23-68 DEGREE 22e ADDRESS 22d PHYSICIAN'S NAME (Type) Dr. Eugenio Antonio St. Joseph's Hospital 23d, LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY HUNAROLIS 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.555215540 CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED NAME First Middle Last (Type or print) NOVEMBER JULIA ABEL GOLDBERG S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4. RACE 6. AGE (In years last birthday) FEMALE WHITE APRIL 17. 1905 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED X NEVER MARRIED MT. HOPE, W. VA. BALTIMORE U.S.A. DIVORCED [ WIDOWED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR executed within during most of working life, even if retired ) give street oddress) corbon Randallstown CHAPEL HILL NURSING HOME 30. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY admission) STATE BALTIMORE 6620 VINCENT LANE burial, cremotion, or removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Lost Lost SAMUEL ABEL LYDIA requires that the death conflicate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT physicion plec Yes, np or unknown) MR. ISIDORE GOLDBERG. 6818 NAVAJO 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH vary with metastases MOS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 2To. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark causes stated above, (1) (we) (did) (did not) view the bady ofter deoth. 22b SIGNATURE 22c DATE SIGNED. DEGREE DIRECTOR director, page should be filed 22e ADDRESS 22d PHYS CIAN S NAME (Type) MARVIN GOLDSTEIN 6001 PARK HEIGHTS AVENUE 23d. LOCAT ON (City or Town) BALTIMORE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL, CREMATION, 23b DATE CHIZUK AMUNO (ARLINGTON) 11-14-68 ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 a 5553 Item#23c. For telepiMEDICALIEXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle 20 DATE KNOWN Month Year 25 HOUR (Type or Print) OF EST1-GRACE 20000 GOLDS TE IN DEATH MATED X 19 IF UNDER I YEAR E UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR 9:30 and lost birthday) November PM3. fema1e white 168 76 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED | NEVER MARRIED | country) DIVORCED [ WIDOWED I Baltimore **Give Pages** the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 932 Re during most of working life, even if retired ) \*NDUSTRY Arbutus Regina Drive sechetany 130 LSUAL RES DENCE (Where deceased lived, if institution Residence before 13r. CITY OR TOWN 13e STREET AND NUMBER 13b Baltimore YES 🗍 NO S 932 Regina Drive Arbutus 24 hours in Item 1 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle YNK MONN KNENM haurs in pencil i Examiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) 를 within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit "pending" PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Barbiturate Poisoning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? be 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18) 3 shauld PRIMARY X OR CONTRIBUTING HOUR A.M. LINKP M. UNK 19 CAUSE OF DEATH subj. ingested an overdose of barbiturates 21d INJURY OCCURRED 21e PLACE OF N.LRY (At hame, form, street, 21f LOCATION Street or R F D No City or Tawn factory, office building, etc.) MOT WHILE home Baltimore, Md 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inguiry ( and in my opinion death resulted from: Accident . Suicide K Homicide Undetermined monner Natural couses CHIEF MED CAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 11/26/68 DEPUTY MEDICAL EXAMINER Spitz, may **EXAMINER'S** Werner U. Health NAME (Type) ADDRESS(Street, city, tawn, or county) 0 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) ditet t 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATUR 1968 YR ATSME IS DATE

MARYLAND STATE DEPARTMENT OF HEALTH



necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with far 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State

DICAL EXAMINER:

TO DEPUTY

Health priar to burial, crematian, ar removal, and in any event within 72 haury after death

This certificate should be executed within 24 haurs after death

ent of

15542

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	nor N			
JL.	1.3	1,//	q	

			MEDICAL	EXAMINATE .	3 CEKTIFICAT	E UT DE	AID				
	CEASED NAME ype or Print)	RAYMOND		M ddle	4 awishis	GONCE	OF	KNOWN Mon	.15.	Yeor 168	26 HOUR
3 SE	x ale	4. RACE	s date of Birth	1898 6 AGE (in lost both)	years IF UNDER 1 YEAR klay) MONTHS DAY YRS		4 HRS 2c DATE	PRONOUNCED DEAD  Nov. Day			2d HOUR
count	IRTHPLACE (States)  Balt  TY OR TOWN O	o. iid.	U.S.A.		MARRIED NEVER WIDOWED NEVER  TUTTON (If not in hospi	IVORCED 🗌		EATH timore	126 KI	IND OF BUSI	Mo
	Parkvi	lle		oddress) Proctor L	ane-Rear y		most of working	life, even if retired	s.) JADUSTI		Tacino.
od	mission) STATE	Maryland	13b COUNTY Ba	ltimore	Balto.	YES NO	o 🔀 9904	Madgiked	t Roa	d	(0.
		First <u>Lliam Go.</u> VER IN U.S. ARMED FI		Lost SOCIAL SECURITY NO	15 MOTHER S I	maiden name <i>Elizabe</i>	First Eth Clau	Middle  Lice ADDRESS		Lost	
	es, no, or unknow		Hor ar dates of service)	12-09-41		ldred (		-9904 Han	lad+	Rd.	
		DEATH (Enter only DEATH WAS CAUSED IMMEDIA	y one cause per line for BY: TE CAUSE (a) Art	(a), (b), and (c)) erioscler	otic Cardi	.ovascu		0		APPROX MATE ETWEEN ONSET	
	rise to immed		DUE TO, OR AS A	CONSEQUENCE OF							
	PART 2 OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT REI	LATED TO THE TERMINA	L DISEASE OR CO	ONDITION GIVEN I	N PART 1(o)			
CERTIFICATION	190. DATE OF C	PERATION		CONDITION FOR WHICE WAS PERFORMED?	H OPERATION				2	VES Z	NO 🗌
DIC.	CAUSE OF DEAT	R CONTRIBUTING	M.9	19			,	y in Part 1 or Part 1	2, Item 18.)		
ME	21d INJURY OC WHILE AT WORK	or white fac	PLACE OF INJURY (At hor tory, office building, etc		21f LOCATION Str	eetorRFD No <b>Partial</b>		y or Tawn	(our	rty	State
		certify that I to	ook charge of the re Natural couses [				Inspection e, Unde	, Inquiry etermined monn		and in my	y opinion
	ACTUAL SIGNATURE _	I levely	14/Cm	ble	M.D		CAL EXAMINER 1		ATÉ SIGNED V <b>e</b> mbe:		1968
	EXAMINER'S NAME (Type)	Ronal	d N. Kornb	lum,M.D.			City, town, or cou	unty)	A MILLOR	r IJ,	1700
	BURIAL, CREMA REMOVAL (Spec DUCLA)	(y) //	date 1-18-68	Holy R	netery or (rematory Redeemen Co	emetery	Bala		(County	, (-	tote)
24	FUNERAL DIRECT		1 . (1.15 )	ADDRESS	21226		BY REGISTRAR	2Sb. REGISTRA	RS SIGNATU		egi.

VR A15ME (5) 10M REV 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fluation director, page 3 should be detached far use as the buriol-transit permit then please remove carbon papers. Pages had should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death TO NOSPITAL OR ANTHUNG HAYNICIAN: The low requims that the duath certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physiciam.

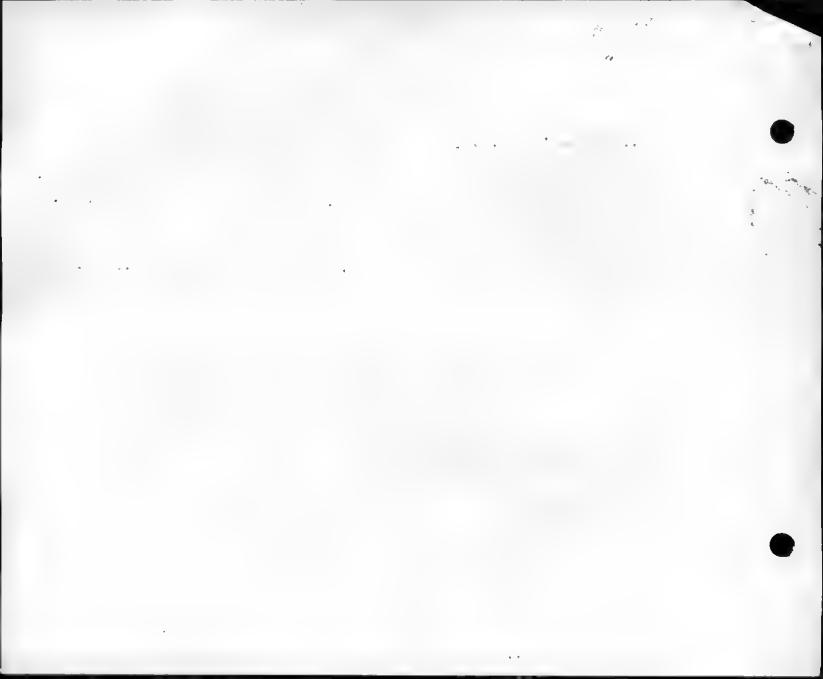
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITA 1201 15555

ιL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2
		CER'	TIF	ICATE C	OF DEA	TH		

	ECEASED-NAME (ype or print)	FIRELES A	M GORDOI	4	Lost		2a. DATE OF I		(13 Year 63	4:37 PM
3. 58	X MALE	4 RACE U	J HITE		S DATE OF BI	RTH 2-18-9		6. AGE (In years last buthday) YRS.		UNDER 24 HRS. OURS MIN.
	BIRTHPLACE (State or foreign LTO.	76. CITIZEN OF WH		8 MARRIED (	NEVER MAR		COUNTY OF	MATH Limore C	ounty	Md
10 (	andallstow	11 NA	ME OF HOSPITAL OR INS	TITUTION (If no	ot in hospital	120 USUAL	OCCUPAT ON (	Kind of wark dane	126 KIND OF BUSINDUSTRY	SINESS OR
13a	USUAL RESIDENCE (Where ission) STATE Maryl	deceased lived, if instituti	on Residence before	13c CITY OR Bal	TOWN	YES NO	157   13e STRI	EET AND NUMBER Slade A		
14. [	FATHER'S NAME First	Middle	Last		MOTHER'S MA	IDEN NAME FIN		Middle		Lost
160	ABRAHA WAS DECEASED EVER IN U.	S ARMED FORCES?	GORDOI 16b. SOCIAL SECURITY N		NFORMANT	MUL	LIC	Address		
Y	'es, na, ar unknawn)   (If y	ns give war or dates of service)			s. IREN	IE GORDI	ON, 11 S	LADE AVE.	, APT. 3	15 #8
	18 CAUSE OF DEATH (En	CAUSED BY MMEDIATE CAUSE (a)	Myoc		AL	FAILY	RE		APPROXIMATI BETWEEN ONSET	AND OFATH
Conditions, if any, which gove is to immediate cause (o) stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF CORCHARY ARTERY DISEASE 2 Year									out 4s	
127	PART 2 OTHER SIGNIFICAL 4201	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	. DISEASE ORCO	INDIT ON GIVEN	IN PART 1(o)		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PE		20a AUTO YES [	NO 🔄	CAUSES	YES, WERE FINDINGS ( OF DEATH?		IFYING
MEDICAL CEI	21g ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF OEATH HOUR A.M. examiner) P.M.	Month Doy Yeor				nature of injury	in Port 1 or Port 2,	Item IB)	
M	21d INJURY OCCURRED While Mat while ot wark at wark	21e PLACE OF INJURY					,	or Town	County	State
		) (this haspital) atte ed alive on ibove, (1) (we) (did)	ended the decease 1 - 1 3 - 1 (did nat) view the	ed fram 9.6.2, one bady after o	to - 5- I that in (m leath.	- , 19 <u>८</u> , y) (our) opin	<b>G</b> , taion deoth a	11 - 13 - 19 ccurred on the do	_6⊋, that (i ate ond haur an	) (we) last d from the
	22b. SIGNATURE	· Valle	Cover	O DEGR	11170	Dik	D RECTOR	CTACT	i-13 - (	8
	22d PHYSICIAN'S NAME (Type) CE	SAR VALL				RESS 8 6 2 4	Libe		<i>(</i> .	
23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-14-68	23c NAME OF			CHAIM	BALTTA	(City or Town)	11 AND 402	(Stote)
	FUMERAL DIRECTOR  L LEVINSON		ADDRESS			250 REC P, BY	RESISTRIBLE	256 REGISTRAR'S	SIGNAPORE O	





	DIVISION OF	F VITAL RECORDS, 301 W.	PRESTON STREET, BALTIA	NORE, MARYLAND 21201	4 m pr pr
	15545		ICATE OF DEATH		1355/
	DECEASED-NAME First (Type or print) SR. Mary 1	Middle	Glades ka	2a. DATE OF DEATH Month Doy	Year 2b. HOUR 5 PM
SE	SEX Temale 4 RAJE L	Shite	S DATE OF BIRTH  1-4-19	0. 1.02 (11) 10010	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
aur	BIRTHPLACE (State or foreign 76. CITIZEN OF Wuntry). Maryland U. e	5, H. WIDOW		Dahlima	LO_ Md.
1	Glen arm give	NAME OF HOSPITAL OR INSTITUTION ( street address)	Maria during mas	OCCUPATION (Kind af work done t of warking life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY  Education
dmi	b. USUAL RESIDENCE (Where deceased lived, if institutions) STATE 13b COUNTY		en alm YES NO	A THE PARTY OF THE	n Rd.
	FATHER'S NAME First Middle	Gralesta	15. MOTHER'S MAIDEN NAME FIRS	horneki	Lost
16a. Y	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown? (If yes give wat or dates of service)	16b. SOCIAL SECURITY NO	R. M. Kaz	Lleen Address	sime
	1B. CAUSE OF DEATH (Enter only one cause per I PART I DEATH WAS CAUSED BY.	line for (c) (b), and (c).)	Carenonalo	110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave)  DUE TO, OR	AS A CONSEQUENCE OF TO SIFE	Colon		
		AS A CONSEQUENCE OF			
×	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED	) TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a, DATE OF OPERATION 19b, CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a. AUTOPSY?  YES NO D	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CEI	or contributingcause of DEATH HOUR A.M. (If either, notify medical examiner)	. Manth Day Year		nature of injury in Port 1 or Port 2, It	em 1B.)
M	While Not while of work	( AT HOME, FARM, STREET FACTORY, ) 219		City or Town	Caunty State
	220. I certify that (I) (this haspital) at saw the deceosed olive on causes stated above, (I) (we) (did	1-19/00.	and that in (my) (our) apin	ian death occurred an the dat	e and haur and from the
	226 SIGNATURE LOUISTIE Carl	00	ATTENDING ME		ATE SIGNED

VR A15 (4) 30M REV. 1/68

ours ofter death.

by the funeral

scuted within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beoth certification

Page 4 may be retained by the hospitol or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon appers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 the 23a. BURIAL, CREMATION, REMOVAL (Specify) 11-12-68 Raymond J. Cutran

23b. DATE

22d. PHYSICIAN S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY.
Sisters Cemetery Francisco 817 Scarlett Dr.

Towson, Maryland 21204

2Sa. REC'D BY REGISTRAR 1968 **NOV 14** 

22e ADDRESS

23d LOCATION (City or Town)
Baltimore (County Mary (State) REGISTRAR'S SIGNATURE 2Sb



Page 4 may be retained by the himspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Health VR A15 4 30M REV

BETWEEN ONSET AND DEATH OSSTRUGIUE LUNG DISCOSE 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 22a. I certify that (1) (this hospital) attended the deceased from 10/2 \$ 1, 1962, to 14/21/1968, that (1) (we) last saw the deceased alive an 14/27/1968, and that in (my) (aur) apinian death occurred an the date and hour and from the 22c. DATE SIGNED William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BUR AL, CREMAT ON, PERMOVAL (Specify) 11-25-68 ALBUTUS MEM. J. SULVEY AND DRESS
FUNERAL DIRECTOR ADDRESS
WM. MARCH 928 E. North Ave Arbutus Mem. Pork Balts. Md. 24. FUNERAL DIRECTOR 250- REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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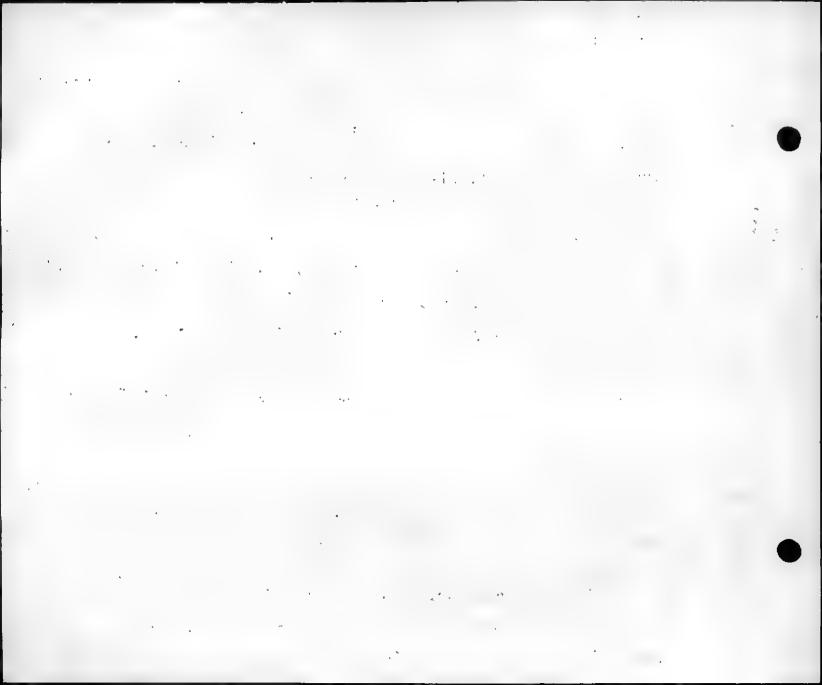
12b KIND OF BUSINESS OR

Last

IF UNDER 1 YEAR

2b. HOUR

IF LINDER 24 HRS

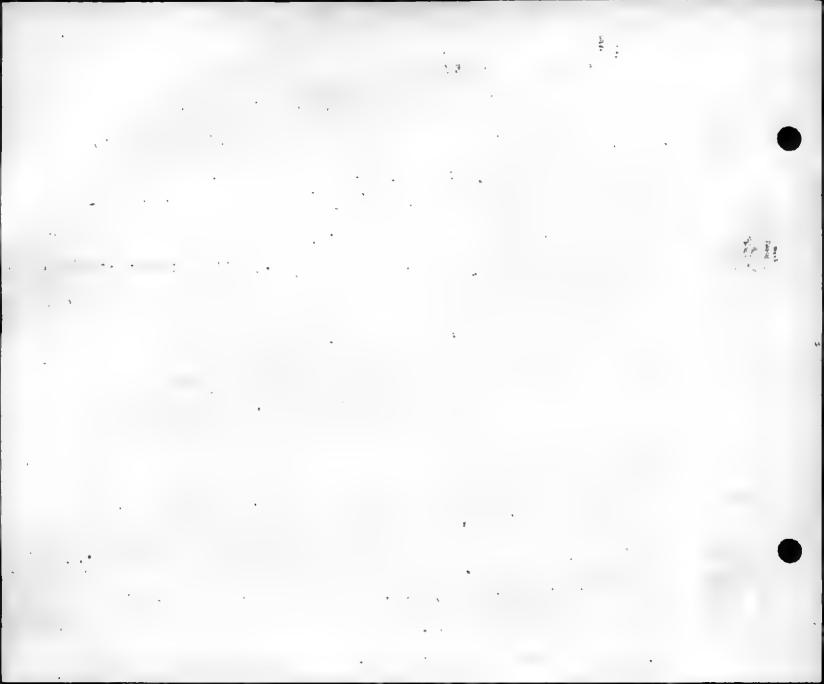


VR A15ME (5) 10M REV 1/68

BETWEEN ONSET AND DEATH State and in my apinian 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Milane 263 S. Conkling Street Zannino



MARYLAND STATE DEPARTMENT OF HEALTH



executed within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: III faw requires that the Both certify Page II may be retained by the hospital or ottending pHysician.

CERTIFICATE OF DEATH

1 (	DECEASED-NAME First		Middle		Last		2a DATE	OF DEATH		2b. HOUR
- 3	(Type or pnnt)RACHEL	EM	ALIY		HALE		Nove	mber 10	3° 1968°	6:30a
3. 9	CEY	A PACE		-	5. DATE OF B	IRTH			IF UNDER 1 YEAR	IF JNDER 24 HRS.
	Female	1 1475	White		De	c. 20,1	1883	6 AGE (In years corp bythday) 84 YR	SYAG SHTHDM.	HOURS MIN
		7b. CITIZEN OF WHA	T COUNTRY?	B. MARRI	ED 🔼 NEVER MA	PPIED	9 COUNTY			
(0)	Baltimore	USA		WIDOW		RCED [	Balt	imore		hAA
	CITY OR TOWN OF DEATH	11. NAN	AE OF HOSPITAL OR INS	TITUTION (	If nat in haspital			ON (Kind of work don		F BUSINESS OR
1	Towson	give str	doseph's	Hosp	oital.	during m	Homem	ng life, even if retired aker	.) INDUSTRY	
130	USUAL RESIDENCE (Where decease	d lived if institution			OR TOWN	13d. INSIDE CITY L	_	STREET AND NUMBER		
adn	mission) STATE Maryland	156. COUNTY		Balt	imore	YES N	52	5 Tunbridg	e Rd.	
14.	FATHER'S NAME First	Middle	Last		15. MOTHER'S M	AIDEN NAME	irst	Middle		Lost
	Johr	1 M. Hemm	ond			Soph:	ia Mer	ryman		
160	a. WAS DECEASED EVER IN U.S. ARM	ED FORCES? or or dates of service)	166. SOCIAL SECURITY I		7. INFORMANT			Address		
L	Yes, na, ar unknawn) (1f yes gwe wo	-	216-10-8	595	Vm. Nic	oll Ha	le (Hu	isband) Som		
	18. CAUSE OF DEATH (Enter only	y one couse per line	tar (a), (b), and (c).						APPROX BETWEEN	CONSET AND DEATH
П	PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a) <u>Ce</u>	rebral Th	romb	osis					
	4129	* *	A CONSEQUENCE OF							
	Canditians, if any, which gave)	(b)S	econdary	to A	rterioso	leroti	c Caro	diovascula	c	
	stating the underlying cause	,	A CONSEQUENCE OF							
н	lost.	(e) Di	ease: Per	nici	ous Aner	nia				
ł	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT NO	)T RELATEI	TO THE TERMINA	AL DISEASE OR	CONDITION G	IVEN IN PART 1(a)		
80		ONDITION FOR WILL	H OPERATION WAS PE	CODMEN	20a AUT	nnew)	1.006	. IF YES, WERE FINDING	CONCIDEDED IN	CEDTIEVING
CERTIFICATION	170. DATE OF OPERATION 170. C	ONDERON FOR WHIC	IN OPERATION WAS PE	CPUKINED	YES [	-	CALL	ISES OF DEATH?	3 COMPRESENTED IN C	LEKIWINO
' ERT	27a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF	INTERV	21,				njury in Part 1 ar Part	2 Item 181	
		HOUR AJM.	Month Day Year			CORNED (EIIIO	1 1101010 01 1	njory m rom r on rom	2, 110117 1017	
MEDICAL	(If either, natify medical examin 21d. INJURY OCCURRED 21e		AT HOME FARM, STREET, FAC		LOCATION Stre	et or RED No		ity or Town	County	State
	While Not while	(	OFFICE BUILDING, ETC.	1	. cocation site	of of Kiribi the		,		
	22a. I certify that (1) (thi	s hospitall atter	aded the decease	d from	Oct. 18	3 19	69 ta	Nov. IO	19 68 tha	t (I) (we) las
	saw the deceased at	ive an Nov	7 10	9 <u>68</u> ,	and that in (n	ny) (aur) ap	inıan deat	h accurred an the	date and haur	and from the
н	causes stated above	, (I) (we) (did) (	did nat) view the	oady aft	er death.					
	225. SIGNATURE	1 -	- B		ATTEND	ING	MED.	STAFF TX	2c DATE SIGNED 11/10/68	1
	Cam G	7	shubo c	D	EGREE PHYS		DIRECTOR L	→ PHYS, →	11/10/00	
П	22d, PHYSICIAN'S NAME (Type)	Tomboc.	M D				Road	Baltimore	. Md. 21	204
92.	BURIAL, CREMATION, 23b. D			CEMETERY	OR CREMATORY			ATION (City or Town)	(County)	(State)
239	DEMOVAL (Specified	v.12,196			Cemete	MIT T		timore, Ma		(2010)
24	FUNERAL DIRECTOR		ADDRESS			2So. REC'D (	BY REGISTRAF	2Sb. REGISTRA	R'S SIGNATURE	
	dugenia K. Seit	z 5209	York Pd.	Balto	. Md.	DATE NO	V 1 2	1988 OCL	worlan Co	udal



23c. NAME OF CEMETERY OR CREMATORY

Western Cemetery

250 REC D BY REGISTRAR

1968

1550 ; 126 KIND OF BUSINESS OF Whalen ADDRESS Dundalk, Fid. BETWEEN ONSET AND DEATH 20. AUTOPSY? NO P Stote (aunty and in my apinian 6800 Mornington Rd. 226 DATE SIGNED 12/2/68 23d (OCATION (City or Town) (County) Baltimore, Md.

25b REGISTRAR'S SIGNATURE

VR A15ME (5)

23o. BURIA. CREMATION,

24 FUNERAL DIRECTOR

23b. DATE

John J. Duda, 7922 Wise Ave. Dundalk. Md.



## FOR STATE HEALTH DEPT.

P.M3. Page

Office alang with fazne

2, and 3 ta ny Jelay

15552

ent at and 2 with the State habre after death.

Health priar ta burial, crematian, ar removal, and in any event within 72 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner

This certificate should be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

VR ATSME (5) TOM REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15563

		CEASED NAME / First // // // // // // // // // // // // //	Middle HAMILT	TON Lost	20 DATE KNOWN Month OF EST DEATH MATED A	Doy Year 2b HOUR				
	3 SE	7 W 9/15	-/> Just bethalow	MONTHS DAYS HOURS		Year 19 68 11:16 H				
	7a. 8 count	DECTLAND 4.5	w	MARRIED   MEVER MARRIED   IDOWED   DIVORCED	BALTO.	Md				
2	A	TUNSVILLE 2		durin	USUAL OCCUPATION (Kind of work done og most of working life, eyen if retired)  JAMISS 13e. STREET AND NUMBER	126 KIND OF BUSINESS OR INDUSTRY				
	ac	USUAL RESIDENCE (Where deceosed lived, if institutions on) STATE 13b. COUNTY	ALTO CATE	10 SUIZE TES -	NO 1205 126-LE					
	A	ITHER'S NAME FIRST MIDDLE A MI		15. MOTHER'S MAIDEN NAME  LLAGATORIS  17. INFORMANT	First Middle TH N/C/ATHPO	Lost				
		(if yes give war or dates of service)	15 32 955		4. HALE - SOIL	APPROX, MATE INTERVAL				
		PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)		Folmonary	Elema	BETWEEN ONSET AND DEATH				
		(conditions, it ony, which gove)  (is to immediate cause (a))  (b)  Clearle Congestino Reart faction								
		last (c)	AS A CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		Talmena	CONDITION GIVEN IN PART 1(0)					
(	CERTIFICATION	19a. DATE OF OPERATION	195. CONDITION FOR WHICH C WAS PERFORMED?			YES NO				
	DICAL	PRIMARY OR CONTRIBUTING HOUR A.F	M. 19		inter nature of injury in Part 1 or Part 2, I					
	W	21d INJURY OCCURRED 21e PLACE OF INJURY (A factory, affice building at work	At home, form, street, g, etc)	21f. LOCATION Street or R.F.D. No.	o City or Tawn	County State				
		22a. I certify that I took charge of the death resulted from. Natural caus								
		ACTUAL SIGNATURE	~ Mck	Tuesday V	D CAL EXAMINER 226. DATE	SIGNED				
, .		EXAMINER'S SINELSON	s McKAY	, M.D. ADDRESS(Stree	AL EXAMINER (2) et, cify, tawn, or county)	111/6				
	2	BURIAL CREMATION, 23b. DATE PREMOVAL (Specify) ///3/68		A		((aunty) (State)				
)	14.	FUNERAL DIRECTOR 30.	1 FREADORES-A	DATE N	OV 1 4 1968 REGISTRAR'S	rlas Judge				



17			15552	011/2/21/04				MENT OF H		241242	4 - 1-	0
20	1	Τ.	tems 7a, b, &8, 13s	MOISTAID	OF VITAL RECORDS	301 W. P	RESION S	IREEI, BALIII	MUKE, MA	KYLAND 21201	155	lity
	1 200	-	CEASED-NAME First	ت جو جو	Middle	CEKIIFI	Last	DEATH	2a. DATE OF	DEATU		2b HOUR
		1. UE	ype or print) Geor	ae	W.	На	arp		11	Manth 30 Day	68 <sup>ear</sup>	2:50am
-		3. SE		4. RACE		11.	S. DATE OF	BIRTH		6 AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
d	<b>经验</b>		Male	Cau	casian		8-1	3-1904		last burthday)	MONTHS DAYS	HOURS MIN.
			URTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8 MARRIED	KNEVER M.	ARRIED 5	. COUNTY OF			-
	d in d in 72h	caur	··	USA		WIDOWED	DIV	ORCED 🗌		imore		Md
1	tilled in by bon popers. Pour	10. C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN Greater Ba	STITUTION (If I	not in haspital	120 USUAL	. OCCUPATION st af warking	(Kind of work done life, even if retired.)	12b, KIND OF INDUSTRY	BUSINESS OR
3	\$ \$ \$ \$	12	TOWSON USUAL RESIDENCE (Where deceas					13d. INSIDE CITY LIM		REET AND NUMBER		
1	event seed	admi	STATE	176 COUN		Balt		YES NO	_	3131 Falls	Road	
1	and con		ATHER S NAME First	Midd	ie Lost			MAIDEN NAME Fir		Middle	noau	last
	or ex a rem din on											
	in the again terminate be executed by the otherdring physicion and complete fransit permit. Then please remove a cremotion, or removal, and in any event,	16a.	WAS DECEASED EVER IN U.S. ARM es, na, ar unknown)   (11 yes give w	ED FORCES?	16b SOCIAL SECURITY	NO 17	INFORMANT			Address		
	phy:										1 1000 AV	UNATE INTERVAL
-			18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED					a <del>i</del> 1a				ONSET AND DEATH
-	ottendo permit. ion, or r		IMMEDIA	TE CAUSE (a).	Congesti		art I	arrure		***		
-	t pe		Canditians, if any, which gave		OR AS A CONSEQUENCE OF							
4	on. by the transit p		rise to immediate cause (a), stating the underlying cause (	(b). DUE TO,	OR AS A CONSEQUENCE OF							
	physicion. signed by the buriol-transit buriol, cremot		last	(c)								
•	physici physici signed buriol-i buriol,		PART 2 OTHER SIGNIFICANT COM	DITIONS CONT	RIBUTING TO DEATH BUT I	IOT RELATED T	O THE TERMIN	NAL DISEASE ORCO	INDITION GIVE	N IN PART 1(a)		
	te low set the lost to learn t	NON	190 DATE OF OPERATION 119b.	ONDITION FO	R WHICH OPERATION WAS P	DECORAGO	20a AU	TODCVI	2015 11	YES, WERE FINDINGS O	ONGIDEDED IN (	COTICUMO
-	otten otten has t se as h prid	CERTIFICATION	170 DATE OF OPERATION 176.	CONDITION FOI	WHICH OFERATION WAS F	EKFORMED	YES [			OF DEATH?	OHSIDERED IN	LKIII YIIVO
F	pital or oth		210 ACCIDENT WAS UNDERLYIN		NE OF INJURY		i -		nature of inju	ry in Part 1 or Part 2	Item 18.)	
	of for the property of the pro	DICAL	OR CONTRIBUTING CAUSE OF DEAT		·.M	0						
2	the hospi this cert detached te Dept. o	MEDI		PLACE OF INJU	IRY (AT HOME FARM, STREET F.	CTORY ) 21f .	OCATION Sti	reet ar R.F.D. Na.	City	ar Town	Caunty	State
9	by the hosy of the this cell be detached State Dept.		at wark at wark	XXXX	aa     ( t)   3	1./	11-27	10.6	Q to	11-30 10	38 ALL	+ //\ /. 30\ L .
	After After I be c		22a, <b>I certify</b> that (I) (th saw the deceased a	ive an Ti	30_	ea from 19 <u>68</u> , an	d that in (	my) (Sur) apin	o, ra nan death	accurred on the do	ite and hour	and from the
	retoined retoined ECTOR: A 3 should with the		causes stated above	, (I) (watco	lid) (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	bady after	death.					
	RANGE STREET		22b. SIGNATURE	2/12		DEG	ATTENI	DING ME	ED. RECTOR	STAFF	DATE SIGNED 11-30-	68
9	RAL DIR RAL DIR poge 3 be filed		22d PHYSIC AN S	100		DEG	REE PHYS. 22e. Al		RECTOR L	PHYS. L_X	TT-20-	00
Ė	ERAI I be			arz N	aeim					<u> </u>		
	Poge 4 may be retained by the hospital or ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and for director, page 3 should be detached for use as the buriol-transit permit. Then please remove should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any go	23a	BURIAL, CREMATION, 23b. I		23c NAME OF	CEMETERY OF	CREMATORY	01		ON (City or Town)	(County)	(State)
0	28 2 3 3		REMOVAL (Specify) De	c 3,19	68 Maries		Lem. 2	Jack.	Jay		101471010	
	VR ALS MI	24.	FUNERAL DIRECTOR	d	3615 Chia	94/	/	DATE DEC	3 19	168 2Sb. REGISTRAR S	MENA JOH	del .
	2011 11 11 00	100	such C. Sheno	weller	VOGI Molla	ances N	Carrie	DAIL	-	11		**

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DATE

ychorles Judge

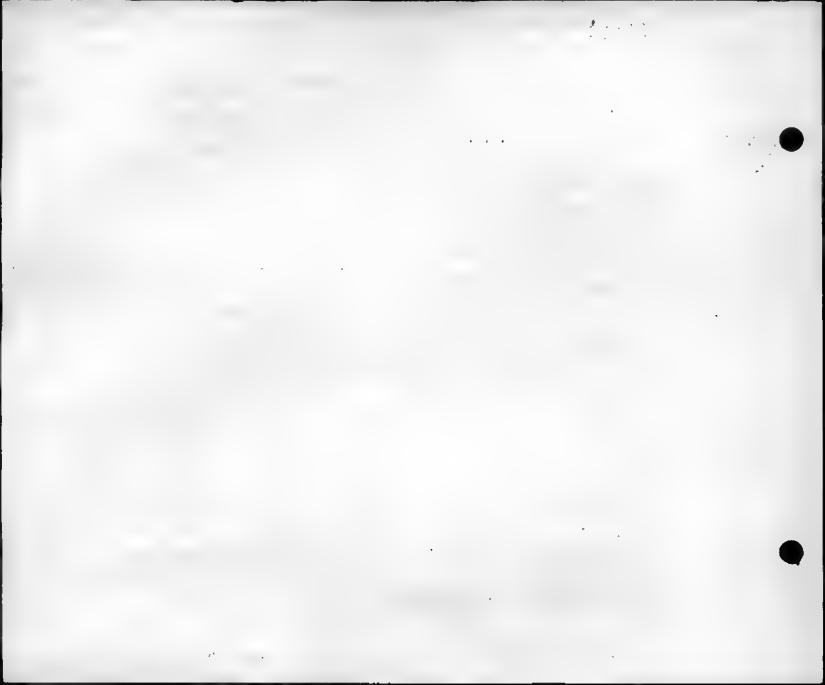
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	てののの的.		(	CERTIFICA	TE OF DEAT	TH		•	
	CEASED-NAME Firs		Middle		Last	2g. I	DATE OF DEATH Month	Doy Yeor	2b. HOUR
	ANN		MARIE	HAR		No	ovember 6	1968	10:10
3. SE	(	4. RACE		S.	DATE OF BIRTH		6. AGE (In yea	IF UNDER 1 YEA	AR IF UNDER 24 HRS AYS HOURS MIN.
	Female	White			ctober 1/		last birthday)	YRS. MONTHS U	ETS HOURS MIN.
7o B	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	B MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
COUII	"" Maryland	U.S.A.		WIDOWED [	DIVORCED [		Baltimore		M
10 C	TY OR TOWN OF DEATH	11 NAMI give stre	OF HOSPITAL OR IN: et address)	· ·	durn	ng most of v	IPATION (Kind of work vorking life, even if ret		O OF BUSINESS OR
130	Towson USUAL RESIDENCE (Where dece	IS1	Joseph	Hospit	AL HIGHE	Ch-	13e STREET AND NUMB	TED.	
	usual keshience (where dece sion) STATE	13b COUNTY	Kesidence before		NEC .				
	Maryland	,		Baltimo	re		7611 Wil	helm Ave.	. 21237
14 F.	ATHER S NAME First William	Middle T.	lost Ha <b>rtka</b>	15 M	FELNA	IME First	ESINSKI		Last
160	WAS DECEASED EVER IN U.S. AI		b SOCIAL SECURITY			20717-	Add		1 . /
Yı	es, no, ar unknown) (If yes give	war or dates of service)		Wi	LLIAM	T. H.	ARTHA 76	SILWILH	IELM AVE
	1B. CAUSE OF DEATH (Enter of	anly one cause per line	for (a), (b), and (c).	.)					PROXIMATE INTERVAL FEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY DIATE CAUSE (a)	ntroopen	ial Hame	www				
	- 1017 -2	DUE TO OD AS	CONSEQUENCE OF	Tell Health	It I III also				
	Conditions, if any, which gave	,							
	rise to immediate cause (a)	(D)	eukemia			-			
	stoting the underlying couse		A CONSEQUENCE OF						
	lost.	) (c)			<del></del>				
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASI	E OR CONDITIO	ON GIVEN IN PART 1(0)		
CERTIFICATION	19g DATE OF OPERATION 19	b. CONDITION FOR WHICH	OPERATION WAS PE	PEOPMED	20a. AUTOPSY?		20b. IF YES, WERE FIND	INGS CONSIDERED I	N CERTIFYING
3	THE DATE OF OIL RANDON	o. Condition for mile	OF EXAMINITY WAS TE	KI OKIILD		A 178	CAUSES OF DEATH?	IIIOS EGASIOERED II	III CERSII TIIIO
E		200			_	0 💢			
	21g. ACCIDENT WAS UNDERLY		IJURY Manth Day Year	21c. HOW	INJURY OCCURRED	(Enter nature	af injury in Part 1 or F	Port 2, Item IB.)	
MEDICAL	(If either, notify medical exam		mailili bay real						
		e. PLACE OF INJURY (AT	HOME, FARM, STREET, FAI FICE BUILDING ETC	TORY.) 21f. LOCA	TION Street or R.F.	D. No.	City or Town	County	State
	22a. I certify that (I) (t	this hasnitall attend	and the decens	ad from Oc.	toher 10	19.68	to Nov. 6	1968 1	hat (I) (we) las
	saw the deceased	alive an NOV.	6	968 and t	hat in (my) (aur	) opinion o	leath accurred an t	he date and ha	our and from th
	causes stated above	ve, (I) (we) (did) (di	d nat) view the	bady after de	th.	, apinian c	Journ decompo din i	ne date diseria	ior one mann m
	22b. SIGNATURE	D	1 57					22c. DATE SIGNED	>
	JA	-e A	Acnt	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	November	r 6,1968
	22d. PHYSICIAN'S		0		22e. ADDRESS				
		ose S. Agut	o, M.D.		7620	York F	d. Towson	21.204, 1	Md.
23a.	BURIAL CREMATION, / 23b	DATE/	23c NAME OF	CEMETERY OR CR	EMATORY	23d	LOCATION (City, or Town	n) (County)	(State)
	BJRIAL (REMAT ON, 23b) REMOVAL (Specify)	1/9/68	GARDE	NOF	FAITHS	/	SALTIMO	RE	M.D
24	UNFRAL DIRECTOR	1	ADDRESS		# 2So RE	C'D BY REGIS		STRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and cardoletely filled in by the Indead director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. executed within 24 haurs after and campletely filled in by the TA HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may Le retained by the haspital or extending physician

VR A15 (4)





did 2

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haw

TO HOSPITAL OR ATTENDING PHYSICIAN; Tile law requires that the di≡th certificate be exe

Page 4 may be retained by the haspital ar attending physician.

ın 21 haurs after death

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1.350.

2000		LEKTIFICATE OF DEA	ип			
1 DECEASED-NAME (Type or print) Thomas	Middle R.	Haviland	20. DATE OF I	Manth 15Doy	1988	2b. HOUR 7 A.
3 SEX Male	4 RACE White	S. DATE OF BIRTH August 5,		6. AGE (In years losty bythdoy) YRS.		F UNDER 24 HRS. HOURS MIN.
7a BIRTHPLACE (State or foreign country) Balto. Co.	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED NIDOWED DIVORCED		cimore		М
10. CITY OR TOWN OF DEATH Towson	11 NAME OF HOSPITAL OR IN:	h Hospt.	a USUAL OCCUPATION (	hty Police	126 KIND OF BL INDUSTRY Davieau	
13o. USUAL RESIDENCE (Where deceded odmission) STATE	sed lived, if institution Residence before 13b. COUNTY Balto.	13 CITY OR TOWN 13d INC. Peisterstown YES	IDE CITY JIMITS? 13e. STR	EET AND NUMBER 3 Box 150	) Hanove	n Rd.
14 FATHER'S NAME First Michael	Middle Lost H. Haviland	1S. MOTHER'S MAIDEN	NAME First Namie	Middle	Park	Lost
160. WAS DECEASED EVER IN U.S. ARI Yelfho grunknown) (Hyes gyer	MED FORCES? 16b. SOCIAL SECURITY 219-03-19		ı R. Havila	Address nd Reist	terstown	, Md.
PART I. DEATH WAS CAUSE IMMEDI Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	a Urrest			ETWEN ONSI	T ANO DEATH
_ 4 .	NOTIONS CONTRIBUTING TO DEATH BUT N				AUCIDIOED III CEO	TIPYONIO
RTIFIC	CONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO CAUSES	YES, WERE FINDINGS CO OF DEATH?		IIFTING
☐ OR CONTRIBUTING ☐ CAUSE OF CEA	TH HOUR A.M Manth Day Year iner) P.M.	9		y in Part 1 or Part 2, I	tem 18.)	
While Not while of work	PLACE OF INJURY ( AT HOME FARM, STREET, FA	4	CA	or Town	County	State
sow the deceased o	nis hospital) ottended the deceos vive on 5 e, (I) (we) (d <del>id)</del> (did not) view the	ond thot in (my) (o ہے۔۔)	, 19 <u>4</u> 5, to <u>) &amp;</u> <del>or)</del> opinion death o	ccurred on the do	(o & , that ( te ond hour or	I) (we) lo ad from th
22b SIGNATURE	Villama	MARGREE ATTENDING	MED. DIRECTOR	STAFF 22c E	ATE SIGNED	80
22d. PHYSICIAN S NAME (Type)		220/ADDRESS	estron	Mingka	-12	1136
BREMOVAL (Specify) No	v. 18,1968 Lare	CEMETERY OR CREMATORY View Memorail	(ar	N (City or Tayoh) NOLL (O. A	(Caunty)	(State)
24. FUNERAL DIRECTOR	ADDRESS Sons Reisterstoun.		REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	das.



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<b>22</b>	
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AL SOC	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the desth certificate by executed within 24 hours age 4 may be retained by the hospital or ottending physician.  I FUNERAL DIRECTOR: After this certificate has been signed by the ottenung physician conducted the director, page 3 should be detached for use as the buriol-transit permit. Then please he move carbon papers. Provid be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.	
S A M S S	-
Be Be	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.  TO FUNDIRAL DIRECTOR: After this certificate has been signed by the otten may physician completely filled in by the funded director, page 3 should be detached for use as the buriol-transit permit. Then please harvoe carbon papers. Pages for 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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VR A15 (4) 30M REV 1/	10
JUMI KEV 1/	08

	15558	DIAISION O	r viial kelukus, (		CATE OF		IMORE, MAI	KTLAND ZIZUI	1	557	` -}
	ECEASED-NAME Type or print) Geor	Furst age H. Heck	Middle CWOlf		Lost		2o. DATE OF		Day .	1958	2b. HOUR A 8:30M
3 SE		4. RACE		-	S. DATE OF E	IRTH		6. AGE (In years	IF UN	NOER I YEAR	IF UNDER 24 HRS.
	Male	W	nite		112	13785		last bathdoy)	RS.	INS DATA	nouns min,
7a l	BIRTHPLACE (Stote or foreign nitry) Balto. Md.			WIDOWED		RCED		lto.	1		Md
	Towson	giv		son,	<b>rol</b> usho∰ <b>e</b> s Md. 212	P 12a USUA	IL OCCUPATION  ost of working  BYK BYC	(Kind of work do ife even if retired R.R.	re 12 1) 1h	The KIND OF NDUSTRY	BUSINESS OR
13a adm	USUAL RESIDENCE (Where of ssion) ASTATE 3806 I	leceased lived, if institution in the leceased lived, if institution is a second secon	ution Residence before	13c. CITY 0 Bal		13d. INSIDE CITY LIL YES P NO		reet and number 06 Hudsoi	n St.	•	
14.	FATHER'S NAME First	Middle	Last		IS. MOTHER'S A	IAIDEN NAME F	irst	Middle			Lost
	George		Heckwolf				Eliz	abeth		Leid	lig
	WAS DECEASED EVER IN U		16b. SOCIAL SECURITY I		INFORMANT			Address	i		
1	fes, no, or unknown) (If ye	es give war or dates of service)	705-03-49	712	Rita F	MacNi	ven St	ella Mar	is H		MATE INTERVAL
	18. CAUSE OF DEATH (En PART I. DEATH WAS o IN Conditions, if any, which inse to immediate cause stating the underlying colors.	CAUSED BY: MEDIATE CAUSE (o)  DUE TO, OF  GOVA  (a), (b)	Sechan ex R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	5 ho		lenvo	43			Chr	ASCT AND DEATH 3 3 day
CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	cueron			TO THE TERMIN  200. AUT  YES	OPSY?	20b. 16	N IN PART I(o)  YES, WERE FINDING OF DEATH?	GS CONSID	DERED IN CI	ERTIFYING
MEDICAL CE	210 ACCIDENT WAS UNDI	OF DEATH HOUR A.N examiner) P.N	Month Doy Year	,				ry in Part 1 or Part	2, Item	18.)	
×	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	(TORY.) 21f				ar Town	(-1	iunty	Stote
		) (this hospitol) of ed olive on/ bove, (I) (we) (did ibove, (I) (we)	ttended the decease 1) (did not) view the	ed from 19 65, or body ofter	nd that in (r deoth.	, 19 my) (our) opi	, to/ Inion death1			ind hour	(I) (we) los and from the
	22b. SIGNATURE	161 m	112	DEC	REE PHYS	D 0	NED.	STAFF PHYS.	22c. DATE	SIGNED 7	
	22d PHYSICIAN'S NAME (Type) J. I	avid Nage			22e. AD			. Apts.	Tows	on, M	ld
	Burlal	23b. DATE 11-11-196		edeeme	er		Balt	ON (Oty or Town) imore, Ma	aryla		(State)
24. L	FUNERAL DIRECTOR	r Inc.	1901-07 Eas	tern A	lve.		Y REGISTRAR	25b. REGISTR		LATURE S.	edge



15557

the funeral eges 1 and 2 es offer death.

icate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

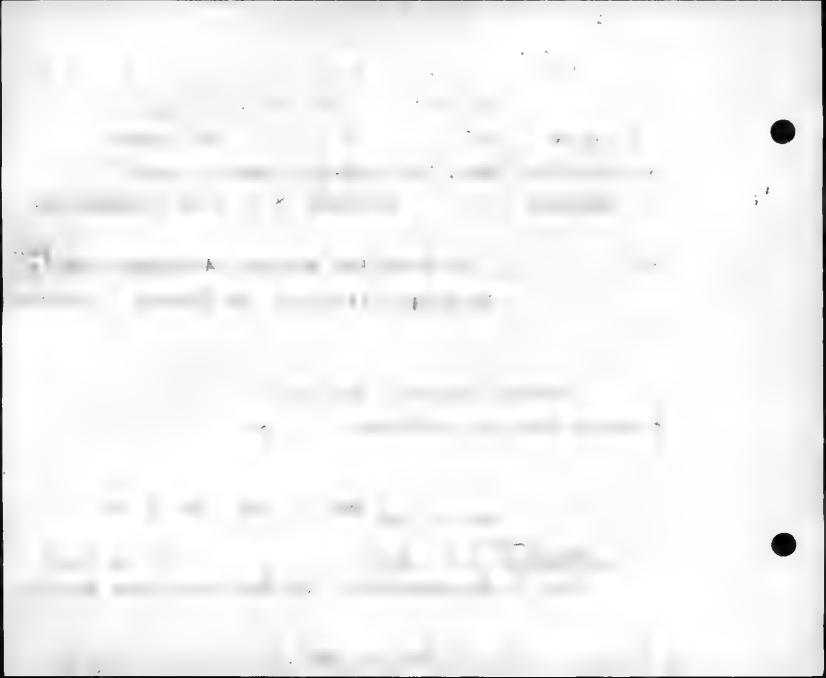
CERTIFICATE OF DEATH

155cg

- 1				`						
ſ		CEASED NAME	first Marie	Middle 🖺 🐞		Last He	nsel 2	a. DATE OF DEATH Month	Dau Yea	2b. HOUR
_ [	(I)	ype or print)	1 Arie		F	Vense		Manin	13 19	68/2:0
	3 SE	X n	4. RACE			S. DATE OF BIR	RTH	6. AGE (In years	IF UNDER I YE	
	al	remale	- W	hite		10-	1- 95	last birthday)		DAYS HOURS MIN
- [		IRTHPLACE (State or foreign			B. MARRIE	D NEVER MARI	RIED 9. C	OUNTY OF DEATH		
-	coun	md.	U.	S.A	WIDOWE		CED [2	Baltio.		M
- 1	10. C	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS				CCUPATION (Kind of work do		D OF BUSINESS OR
ų.		Garrison	give s	street address)	4 Nu	irsing de	Hou	if warking life, even if retired Sewife	1) INDUSTR	CT .
		1 00100	deceased lived, if instituti	on Residence before			13d. INSIDE CITY LIM TS?	13e STREET AND NUMBER	^ 0	
	gami	ssion) STATE Ma	13b COUNTY	i d	Ba	1+10,	YES NO	27/2 24	revioal	aue.
П	14. F	ATHER'S NAME Errst	Middle	Lost		15. MOTHER'S MA		Middle		Lost
		Joh	n Stumpf				Ann			Odd
-	160	WAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECURITY I	1	INFORMANT (			Balto.	
1	K	es, na, ar unknown) (lf	on fine with an enter of tenance.	215-54-19	37 M	rs. Mar	ie Kendz	ejeski, 803 S		
ı			nter anly ane cause per lin	ne far (a), (b), and (c).	1		t		API BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		PART I DEATH WAS	CAUSED BY MMEDIATE CAUSE (o)	Motost	atic	Cam	cen	ma	10-	Somo
		f	* *	S A CONSEQUENCE OF	-4	<i></i> .	7			
		Conditions, if any, which			vario	an (c	2014	oma	ca	Lower
		nse to immediate cous stating the underlying		S A CONSEQUENCE OF						
		last.	(t)					<del></del>		
ı		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR COND	HTION GIVEN IN PART I(o)		
	×	1750								
	S	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO		206 IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED	IN CERTIFYING
	CERTIFICATION					YES 🗔	NO 🗌			
`	T CE	21o. ACCIDENT WAS UNE OR CONTRIBUTING CAUST			21c.	HOW INJURY OCC	URRED (Enter not	ture of injury in Part 1 or Part	2, Item 18.)	
	MEDICA	(If either, natify medical	exominer) P.M.	19						
	¥	21d. INJURY OCCURRED While   Not while	21e. PLACE OF INJURY	AT HOME FARM, STREET, FAC OFFICE BUILDING ETC.	TORY.) 21f.	LOCATION Street	or R.F.D. Na.	City or Town	County	Stote
		at work 🗀 at work 🖳					_			
		22o. I certify that	(I) (this haspital) atte	ended the decease	d from_	11-11		, to //- (2_,		
		saw the decea	above, (l) (ive) (did)	(did not) view the	y <u>⊆                                    </u>	r death.	Mont) obinio	n death occurred an the	dote and no	or ona from in
		22b. SIGNATURE	3000 (1) (100)	(did fidi) view file	)				2c DATE SIGNED	D
		Va.	mes )	n. OV	2 — DE	GREE PHYS.	G MED DIRECT	TOR STAFF	1(-1	3-68-
		22d. PHYSICIAN'S			1/7	22e. ADDI		n · 1	L	DI
		NAME (Type)	Lauid	1/1/	1/8	\-·	9115	Keisters	OUL	Kd.
	23o	BURIAL, CREMATION,	23b DATE	23c NAME OF	CEMETERY C	OR CREMATORY	23	3d 10CATION (City or Town)	(County)	(State)
		REMOVAL (Specify)	11/15/68	Oak La	wn Ce	metery		Balt	imore,	Maryland
2	74	FUNERAL DIRECTOR	0000 ** *	ADDRESS			2So. REC'D BY RE	GISTRAR 2Sb. REGISTRA	AR'S SIGNATURE	
1	U	oun a. Duda	, 2829 Hudso	on St. Bal	to. M	d.	DATE NOV	1 5 1000 00	souls.	Quedate.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-trans t permit. Then please remave carbon pages shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 12 VR A15 (4) 30M REV 1/





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, magn 3 shauld be detached for usn as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Dehauld be filed with the State liept, of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becauted within 24 ha

Page 4 may be retained by the hospital ar attending physician.

VR AN 30M REV

CERT	IFICATE	OF DEATH	

		ECEASED-NAME	CHRIST	T The A	SUS ANNE	1	IN LIC	II C	20. DATE	OF DEATH	0-	V	2b HOUR
	(1	ype or print)	CHALLS.		Susanne		linrich			Month	Day	Year	9 a M
	3. SE	Y	Christ	4 RACE	завалие		5. DATE OF BI			6. AGE (m	veors	IF JHDER 1 YEAR	IF UNDER 24 HRS.
	u. 56	Femal		Wei	± -	3/28/60 los					loy)	NONTHS DAYS	HOURS MIN
							2/ 6	.0700		8	YRS.		
	7a 8	BIRTHPLACE (State o	r foreign 71	CITIZEN OF WH	IAT COUNTRY?	8 MARRIED I	NEVER MAR	RIED TX	. COUNTY	OF DEATH			
	เสษา	**	3.7.3	TT C	A	WIDOWED [		CED []			a R	1+0	Co #1
	10.0	Halto.		U.S.	AME OF HOSPITAL OR IN	1			OCCUPATION OF THE PROPERTY OF	ings 211	rk done	LIOU NINO O	Co. Md.
$\lambda$	10 (	וני זט איייט איייט און.	LAIN	give s	itreet address)	on II) MOITUIN	i in nospiioi			ang life, even if		INDUSTRY	F BUSINESS OR
y'		Balto.		Ros	sewood Sta			acting mos	31 01 4 01 4	arig in o, avair is	1011100.7		
	13a.	USJAL RESIDENCE (			an Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY JIMI	175? 13e	STREET AND NE	IMBER		
	odmi	ission) STATE	44	136. COUNTY	imore	Ruxto	, n	YES NO		1308 Cir	rola l	hans	
,	14 6	opylane						IDEN START FO			Middle I		1
/	14 6	FATHER S NAME	First	Middle	Lost	17	WOLHER 2 WY	UDEN NAME Fire	51				Last
		I	Ernest	Henry	Hinri	chs Jr.	,	Susa	nne	S	chef:	fer de	inrichs
1		WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY I		IFORMANT				Address		
	Y	es po or unknown)	(If yes give war a	er dates of service)	none		Rosev	wood Re	cords	s Owing	js Mil	1, Md	•
												APPRO	XIMATE INTERVAL
	ш	18. CAUSE OF DEA	ATH (Enter anly	one cause per in	ne for (a), (b), and (c).	) *							ONSET AND DEATH
		PART I. DEATH	H WAS CAUSED B	CAUSE (a)	SALUL	0 >	,			1	/	Laus	ounce.
		X	INDEPEN	4 7	S A CONSEQUENCE/OF		7 1	/	_	-/-	7		1
		Conditions, if ony,	which gave \	JI V		- 1			( )	and.	t.	1/20	wat
		rise to immediate		1-//	spirdfe	on sy		mach	,	Buc place		XEV	MCV-I
		stating the under		DUE TO, OR A	S A CONSEQUENCE OF	1						1	
	Н	last. 3 4 4		(c)		U							
	Н	PART 2 OTHER SIG	ONIFICANT CONDI	TIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAT	DISPASE ORCO	NDITION G	TVEN IN ART 16	a)		4
		File		U . V	7 - 7				ung		-7	711.	
	CERTIFICATION	TO Call	closer	105		noca					molnor fo		5
	B	IYO. DATE OF UHERA	THOM IND CO	NUMBER FOR WHI	ICH OPERATION WAS PE	KFURMED	20a. AUTO	and the same of th	28	b. IF YES, WERE I	INDINGS CO	N2INEMED IN	LEKIIFTING
,	臣			1/			YES P	МО □	14.	)	11-	S	
	8	210. ACCIDENT WA	S UNDERLYING	21b. TIME OF	INJURY	21c HO	W INJURY OCC	URRED (Enter	nature of	injury in Part 1	or Cort 2, It	em 18.)	
	MEDICAL	OR CONTRIBUTING			Month Day Year			,			-		
	Ĝ	(If either, notify m	iedical examiner	) P.M.	19								
	_	21d. INJURY OCCU	RRED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	10kr.)   211. LO	CATION Stree	t or R F.D Na.		City or Town		County	State
		While Nat while at war	k l										
				haspitall att	inded the decease	ed from	1 / 9		22 to	11/2	. 19.0	28 . the	it (1) (we) last
		with the	deceased aliv	e of	11/21	968 and	that in (m)	v) (owr) opin	ion deat	th accurred a	n the dat	e and hou	and from the
		causes sto	ated abave d	I) (we) fdid)	(did nat) view the	body after d	eath.	,, ,,			,,,,,,		
		22b. SIGNATURE	1-1	177	, , , , , , , , , , , , , , , , , , , ,						22c D.	ATE SIGNED	10
		1. 1			ee e	DEGRE	ATTENDIN	IG ME	EECTOR [	STAFF	¬ l	- AΛ1	
		Lah	mary	10		DEGRE	11110					=NoU	60
		22d PHYSICIAN'S	D	J TX			22e. ADD	RESS	Coun	ty Hosp	ital Y	Vestmi	nister.
		NAME (Type)	Kichar	d Tones				CITOTA	- C 0011	7 7 7 7 7		VIIII	213, 3 0 0 2 9
	230	BURIAL, CREMATION	N. 23b. DA	TE /	23c. NAME OF	CEMETERY OR (	CREMATORY		23d. LOC	ATION (City or To	own)	(County)	(State)
1	2541	REMOVA USPETIA	*					a+ a				. ,,	Co.,Md.
K	0.4	FUNERAL DIRECTOR	T KOA	. 0, 19	ADDRESS			2Sa. REC'D 8Y			GISTRAR'S		ou., Mu.
2										1			
	S	TEWART &	MOMEN	CO TOS	W. North	Avr II.	Atte	DATE NIL	V A	1000	177 820	melo. C	11 444



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and completely filled ig

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remake carban papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

VR A15 (4) 30M REV. 12

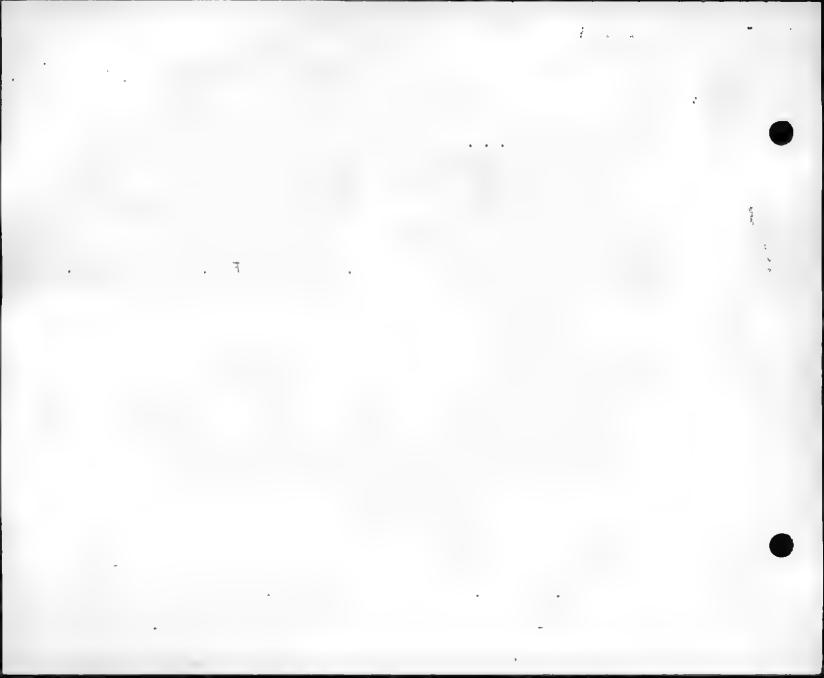
**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

hours after

7

executed within 24 hours after death.

	15560				CERTIF	ICATE OF	DEATH				100	
	ASED NAME	First		Middle		Lost			ATE OF DEATH			2b. HOUR
(Түр	e ar print)	ETHE	L			HONKOFS	ку	N	OVEMBER Month	18	1968	A.M
3. SEX	FEMALE		4. RACE	HITE		S. DATE OF	BIRTH		6. AGE (In last birth	Veors	IF JINDER I YEAR MONTHS DAYS	BF UNDER 24 HRS. HOURS Min.
7a. BIR	THPLACE (State or	fare:gn	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIE	D NEVER MA	ARRIED	9. COUN	ITY OF DEATH	•		
country	LATVIA		u.s.	١	WIDOWE	D 💢 DIV	ORCED 🗀	B	ALTIMORE			Md.
	BALTIMO	RE	MI	ME OF HOSPITAL OR INS Treet godress) LFORD_MANO	R NUR		120 USUA OMB during HC	L OCCUP	PATION (Kind of working life, even in	rork dane fretired.)	125 KIND OF INDUSTRY AT HO	BUSINESS OR ME
130. 11 admiss	ion) STATE	There decease	d aved, if nstitute 13b. COUNTY	an. Residence before	BALTI		YES NO		13e. STREET AND N 5429 JON		AVENUE	#21215
14 FAT	THER'S NAME	First	Middle	Lost		15. MOTHER S	MAIDEN NAME FI			Middle		Losi
	?			CHIE				UN	KNOWN			
	VAS DECEASED EVER		ED FORCES? or or dates of service)	166. SOCIAL SECURITY I		7 INFORMANT				Address		
103	, no orunknawn)			NO		IR. JERO	<u>)ME HONK</u>	COES	KY, 3711	PIMI	ICO RD.	#21208
C ri s'	PART   DEATH  Anditions, if ony, ise to Immediate toting the underloss.	WAS CAUSED IMMEDIA which gave cause (a), Ying cause	DUE TO, OR A  (b)  DUE TO, OR A  (c)	e for Jo), (b) and (c)  Y Lend - al  S A CONSEQUENCE OF  S A CONSEQUENCE OF	Cor	nte	thr	7m	1-12		SELWELL O	HIST AND DEATH
NS -	9a DATE OF OPERAT			CH OPERATION WAS PE		200 AU			206 IF YES, WERE	FINDINGS (	CONSIDERED IN C	ERTIFYING
E E						YES [			CAUSES OF DEATH?			
3 0	To ACCIDENT WAS TOR CONTRIBUTING E If either, natify ma	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Doy Year	9			noture	of injury in Port 1	or Port 2,	Item 18.)	
a	2]d iNuuRY OCCUR While Nat whil t work at work			AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.					City or Town	)	County	Stote
2	2a. I certify t sow the d causes sta	hat (I) (thi eceosed ol ted above	s hospital) atte ive on/ ,(I) (we)( <del>did)</del> (	inded the deceose (did not) view the	ed_fram_ 9_58_, a body ofte	and that in (	インン, 19 <u></u> my) (our) opii	, t nion d	eath occurred	, 19 on the do	ote ond hour	(1) (we) last ond from the
2	26 SIGNATURE /	Kni	かつか	(in )	DE	GREE PHYS	D <sub>1</sub>	IED. IRECTOR	STAFF PHYS		DATE SIGNED	
2	2d. PHYSICIAN'S NAME (Type)	DR.	MILTON B.	. KIRSH		22e. Al		VORT	HERN PAR	KWAY		
F	BUR AL CREMATION REMOVA (Specify) BURTAL		- 19-68	23c. NAME OF BETH IS	AAC A			B	LOCATION (CITY OF	, MAI		(Stote)
	INERAL DIRECTOR  L LEVINS	ON & B	ROS.,601	O REISTERS		ROAD	Vocal 2 (	Y REGIST	1RAR 25b. 1		SIGNATURE	



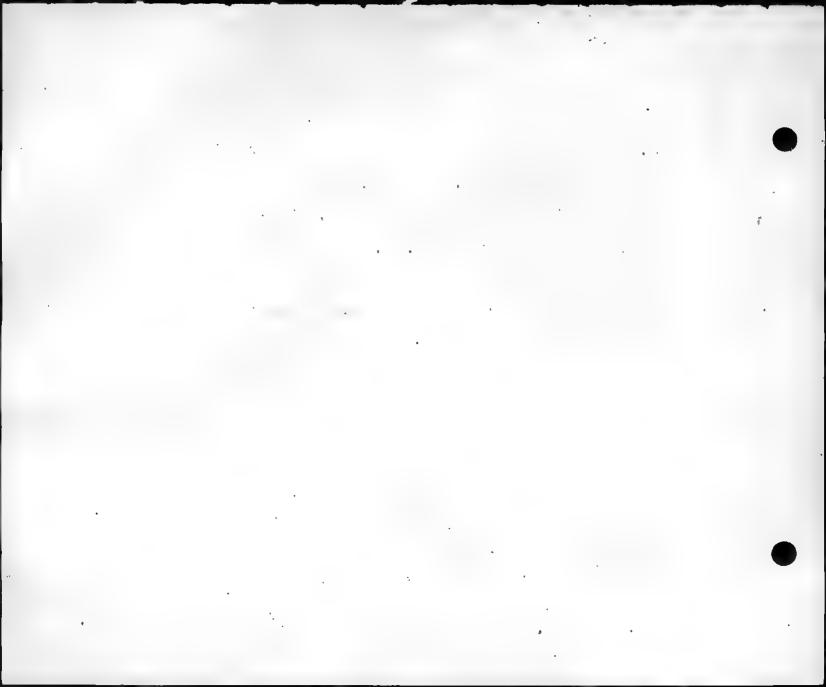


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TO HOMPITAL OF ATTENDING PHYSICIAN: The law requires that the duath certificate beamed by within 24 hours after death.  Page 4 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the the fall of burial-transit permit. Then please remove carbon papers. Pages and 2 burial, cremation, or removal, and in any event, within 72 hours after death.	5 * 1
TO HOLPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physicis	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phedirector, page 3 should be detached for use as the burial-transit permit. Then should be filled with the State Dept. of Health prior to burial, cremation, or removal	×

VR A15 (4) 2DM 1/65

item 3 rilm & 410

	3/7 division of statistical research and records	PARTMENT OF HEALTH	AARVI ANN						
١			3 17 4						
	1. PLACE OF DEATH 2. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE Maryland b. CDUNTY B	esidence before admission)						
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL Lutherville	and give nearest town)						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital	d. STREET ADDRESS 111 Belmone Road	e. IS RESIDENCE ON A FARM? YES NO C						
		Last 4. DATE Month DF DF DEATH November 2							
1	Male White WIDOWED DIVORCED 1	8. DATE OF BIRTH 9. ACE (In years   FUNDER last birthday) Wov. 21, 1929 39 yrs.	Days Hours Min.						
1	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  (C. 7 / el. (0.	Maryland	DUNTRY? USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	(Yes, no, or unkown) (If yes give war or dates of service)	amily records							
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ATCAGE	Drest	INTERVAL BETWEEN DNSET AND DEATH						
	Conditions, if any, which gave rise to Immediate cause (a), stating the	,							
	underlying cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18	YES ND						
	20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY DCCURRED   2De. PLA	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	inty) (State)						
	21. I certify that (I) (this hospital) attended the deceased from.		8, that (I) (we) last he date stated above.						
	saw the deceased alive on NOV121 1968, and that death occurred at 1 A M, from the causes and on the date stated above.  22a. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.								
	22c. RHYSICIAN'S LAURENCE C. POST	16805 york Rd. Baltun	iose, 21212/11d						
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  Burial  Way 27, 1968  Dulancy Valley		(State)						
	24. FUNERAL DIRECTOR ADDRESS  John Burns' Sons, Towson, Maryland		S SIGNATURE						
1.	grant budges solvery rounding recognition	I DAILE OF THE PARTY OF THE PAR	-04						



1 2/	Lt	ceml3 FilmG406	DIVISION OF VITAL	ARYLAND STATI	DEPARTMENT OF	HEALTH	21201		
1, 17		15563	DITISION OF THAL P	CERTIFI	CATE OF DEATH		71201	1557.	)
£\ 250		ECEASED NAME First	N	liddle	Lost	20 DATE OF DEATH			2b. HOUR
de la	X	Type or print) Mar	ie A	•	luber	11 Mont	h 1 Doy 19	68 eor	12:50
offer of the	3 \$	Female	4. RACE White		5. DATE OF BIRTH 7/19/1879	6 AGE (I lost bin	thday) MON		UNDER 24 MRS. OURS Min
haurs h by rs Pa	70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9. COUNTY OF DEATH	3 1KJ.		
	cou	Tvrol Aust	ria U.S.	WIDOWE		Baltimo	20		Md
within 24 by tilled by within 7	10	Towson	give street oddro	SPITAL OR INSTITUTION (II ess) L. Maris Hos	dumpa	UAL OCCUPATION (Kind of most of working life, even	work done   1	25 KIND OF BUS NDUSTRY	INESS OR
		LSUAL RESIDENCE (Where decen- ission) STATE Mary 1 and STANIA Marris	ed lived, if institution Reside	ence before 13c. CTTY (	R TOWN 13a INSIDE CITY	Y LIMITS? 13e STREET AND	NUMBER [1]		
omd camp	14.	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME		Middle		Last
cian and ce		Johann		Amort	rller	Katherine		EII	er
	160	WAS DECEASED EVER IN U.S. AR/ fes. no, or unknown) III yes give v	our or dates of service)	AL SECURITY NO. 17	INFORMANT Irs. T. R. Sl	ingluff 441	Address 4 Norwoo	od Rd.	Balto
that the Beath certific an. by the attending phys transit permit. Then p cremation, or removal,		18. CAUSE OF DEATH (Enter on	ly one cause per linesfor (a),		1 /			APPROXIMATE BETWEEN ONSET	INTERVAL
he leath ce attending I permit. The ian, or remo		1/100	ATE CAUSE (a)	moner	, entrol	u		Acus	1-6
t the att the att sit per		Conditions, if any, which gave	DUE TO, OR AS A CONSI	EQUENCE OF					
quires that thy physician. signed by the burial-transit ourial, crematory.		rise to immediate couse (o), stating the underlying cause	(b) DUE TO, OR AS A CONSI	EQUENCE OF					
physician. physician. signed by burial-trar		lost	(r)_A>	C(/)					
regul reg phy ne sign te bur te bur	z	PART 2 OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	econdition given in part	1(0)		
The law ratemding attending has berre se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION Mb.	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200. AUTOPSY? YES NO [	CAUSES OF DEATH	E FINDINGS CONSI	DERED IN CERTI	FYING
		21a ACCIDENT WAS UNDERLYIN			HOW INJURY OCCURRED (En	_	1 ar Part 2, Item	18.)	
rSictam: aspital ar certificate hed far u	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	Day Yeor					
this effect of the page of the	*	at wark at wark	PLACE OF INJURY ( AT HOME, F.		LOCATION Street or R.F.D. I	,		ounty	State
d lly t After d be d		22a. I certify that (I) (th	is haspitol) attended th	ne deceased fram_	5/27 , 19	68_, toII/1_	, 19_6	8_, that (I)	(we) lost
OR: /		couses stored obov	e, (1) (we) (did) (did not)	yiew the body ofte	death.	pinion deam accurred	on the dote o	ond nour one	1 (10m) (ne
OR ATTENDING be retained by th BIRECTOR: After in 3e 3 shauld be died with the State		22b. SIGNATURE	dho	DE	GREE PHYS	MED STAFF DIRECTOR PHYS	22c DATE	SIGNED	Ö
_ <del>_</del>		22d. PHYSIGIAN'S NAME (Type) / Dr.	J. David Nag	el.	22e. ADDRESS		ane		,
O HOSFIITAL Fage A may O FUNERAL I director, pag	<b>2</b> 3a	BURIAL, CREMATION, 23b	DATE 230	NAME OF CEMETERY O	R CREMATORY	23d. LOCAT ON (City or	r Town) (C	Caunty) (	(State)
2 2 2 4		2002	11/4/68. H	· ·	r Cemetery	Baltimo			
VR A15 VO	24.	funeral director Loonard J. Ruch	, Inc. Balto	ADDRESS 2121	2So REC'D		geleant	A Jack	ple

CERTIFICATE OF DEATH

		CERTIFIC	CAIL OF DEATH								
1 DECEASED-NAME	First	Middle	Lost	20. DATE OF DEATH	Day Yees	2b. HOUR					
(Type of print)	DAVID LEE	HUGHES		11 Month 12	1 Day 68 Yeor	7 p M					
MALE	4 RACE	CTAN	5. DATE OF BIRTH 10-30- 49	6. AGE (In year	) MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.					
	CAUCA				YRS.						
o BIRTHPLACE (Stole or fo		MAKKIE	NEVER MARRIED	9 COUNTY OF DEATH							
		WIDOWE		BALTIMORE	I I I I I I I I I I I I I I I I I I I	Md					
10 CITY OR TOWN OF DEAT  BALTIMORE		OF HOSPITAL OR INSTITUTION (FOOT CONTROL OF CONTROL OR INSTITUTION (FOOT C		IAL OCCUPATION (Kind of work nost of working life, even if re Student		JSINESS OR					
1 ' 1 CYLY!	ere deceased lived, if institution, I	Residence before 13c CITY									
odmission) STATE Md.	13b COUNTY Balto	. Park	ville YES N	0 √ 7709 Par	k Drive. 21	1234					
14. FATHER'S NAME FI	rst Middle	Lost	IS MOTHER'S MAIDEN NAME		ldle	Lost					
Donald G	. Hughes		Ruth P.	Yeager							
160. WAS DECEASED EVER I	N U.S. ARMED FORCES? 16b.		, INFORMANT	****	ress						
No No	( 1 yes give wor or dotes of service)	212 48 5349	Donald G. Hug	hes 7709 Park	Drive 21234	<u> </u>					
	(Enter only one cause per line for	(a), (b) and (c) MUL	TIPLE HEMOR	RHAGES OF SI	APPROX MA	TE INTERVAL ET AND DEATH					
PART I DEATH V	AS CAUSED BY IMMEDIATE CAUSE (0) G. I	. TRACT, ST	UBA RACHNO ID	SPACE.							
1991	DUE TO, OR AS A										
Conditions, if only which gove											
	rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF										
tast and and and and	) (c) MEN	INGEAL SAR	COMA OF POS	TERIOR FOSSA	WITH 11	MO_					
PART 2 OTHER SIGNI	FICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	METASTES	ES					
STERO	CMPDOTD MIEDADY DADTAMON MIEDADY										
190 DATE OF OPERATION			20o AUTOPSY?		DINGS CONSIDERED IN CER	TIFYING					
190 DATE OF OPERATION			YES NOX	CAUSES OF DEATH?							
			HOW INJURY OCCURRED (Enti	er notuse of injusy in Part 1 as	Port 2, Item 18)						
OR CONTRIBUTING CO		onth Day Year									
TIO BELOW DE COMME	D 21e PLACE OF INJURY (AT H		LOCATION Street or R F.D. No	City or Town	County	State					
While Not while at work		E BUILDING, ETC.									
22a. I certify the	ot (I) (this haspital) attende	d the deceased from_	11/13 , 19	68 , ta 11/14	., 19 <u>68</u> , that (	l) (we) last					
saw the dec	eased alive on 11/	141968,0	nd that in (my) (our) op	omion death occurred an	the date and hour a	nd fram the					
22b. SIGNATURE	d obove, (I) (we) (did) (did	nat) view the bady after	r death.		22c. DATE SIGNED						
	3. drie	M.D. DE	GREE PHYS	MED STAFF ENDIRECTOR PHYS.	11/14/6	Ω					
22d. PHYSICIAN'S	···	, DE	GREE PHYS. L.J.	DIRECTOR - PHYS	// C						
	LIN, M.D.			N CHARLES S		MD					
230 BURIAL, CREMATION	23b DATE	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City or Tow		(State)					
KPACAN-(ZBel.)	11-18-68	Parkwood C		Balto. Co							
24. FUNERAL DIRECTOR		ADDRESS 21	204 250. RECD	BY REG STRAR 2Sb REG	STRAR S SIGNATURE						

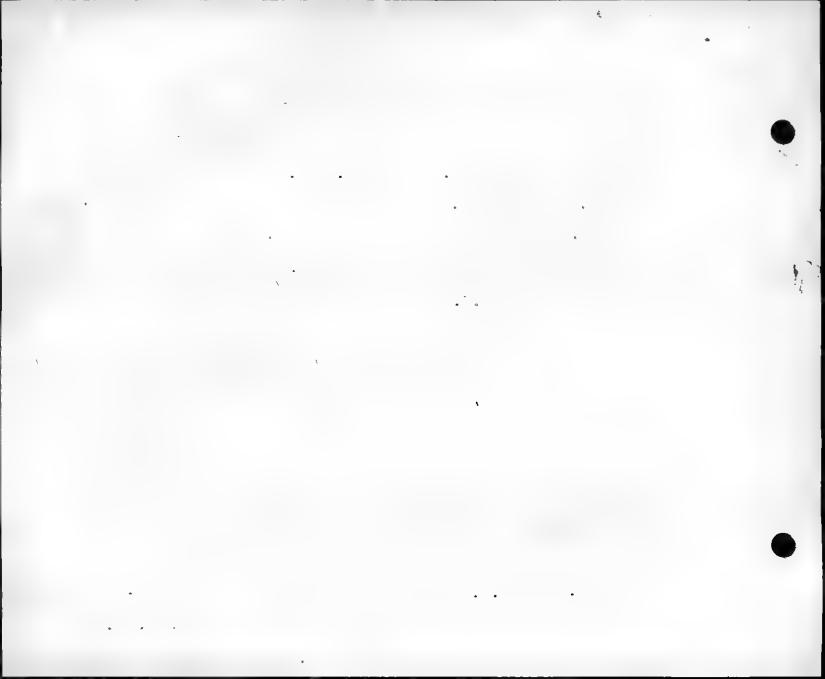
8521 Loch Raven Blvd DATE

director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Page 1 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

Johnson Funeral Home

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.



# 15565

within 24 hours after death.

xecuted

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplyfely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pag should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event; within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH

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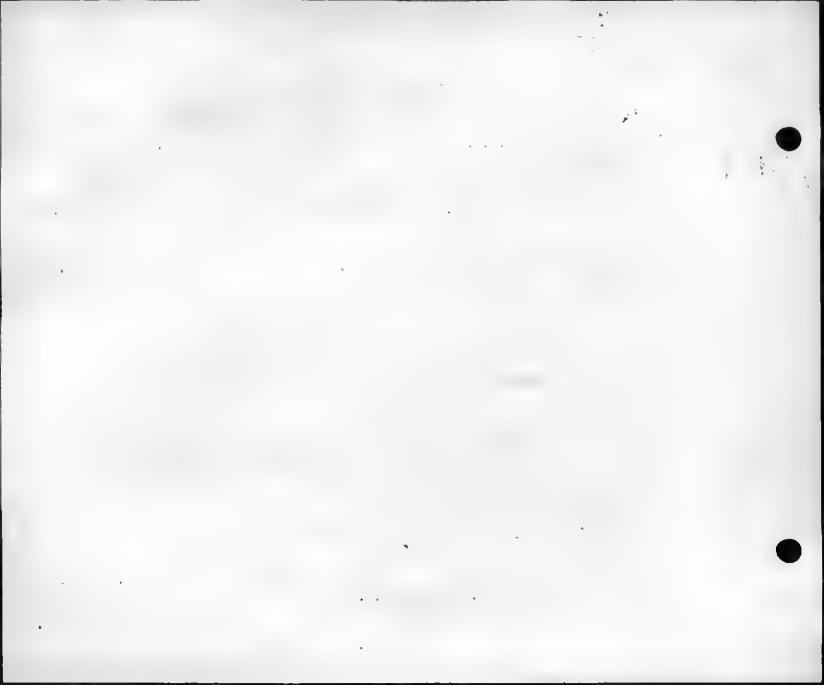
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			First	Middle	Łost	2o. DATE OF DEATH	2b. HOUR
ı	(1	Abe at brint)	ARY H	ELEN	HUGHES	Month Da	9-1968 235AM
	3. SE	Female		ite	S. DATE OF BIRTH	6 AGE (In years lost brithday) YRS.	MONTHS DAYS HOURS MIN.
	7a E coun	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	IIIAKNI	ED NETEK MAKKJED	9. COUNTY OF DEATH Baltimore Cou	nty. Md.
		TY OR TOWN OF DEATH		oddress) Wilson St		A. OCCUPATION (Kind of work done ost af working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
	13o.		deceased lived, if institution: I	Residence before 13c. CITY	OR TOWN 13d. INSIDE CITY LL	13e. STREET AND NUMBER	nose St.
	14. F	ATHER'S NAME First	Middle Ctez 1	iost Lughes.	15. MOTHER'S MAIDEN NAME F	irst Middle	lost Miller,
		WAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b.	SOCIAL SECURITY NO.	7 INFORMANT	Wilson State	·
		PART I. DEATH WAS C	DUE TO, OR AS A (b) (c), (b)	Culmonory CONSEQUENCE OF Bronchopne	TBC (mool commonia (to	advanced).	APPROXIMATE INTERVAL BETWEEN DASET AND DEATH  8
	_	^	it conditions contributing		TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)	
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY? YES NO	206 IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	EDICAL CER	21o. ACCIDENT WAS UNDE ☐ OR CONTRIBUTING ☐ CAUSE O (If either, notify medical e	DE DEATH HOUR A.M. MA	JRY onth Day Yeor 19	. HOW INJURY OCCURRED (Enter	r nature of injury in Parl 1 or Port 2,	Item 18.)
		21d. INJURY OCCURRED While Not while of work	21e PLACE OF INJURY (AT M		F. LOCATION Street or R.F.D. No.		County State
		22a. I certify that (I saw the decease causes stated a	) (this haspital) attende ed alive an	ed the deceased from 9 / 19 6 9, nat) view the bady aft	and that in (my) (aur) api er death.	8 , ta 11/29/, 19 nian death accurred an the do	6%, that (I) (we) last te and haur and from the
		22b SIGNATURE	luzme	_ 0	EGREE PHYS. LD D	NED. STAFF D 22c.	DATE SIGNED
	,	22d. PHYSICIAN'S NAME (Type) Wi	Iliam Newco			Ison, Maryland	
l		BULLY (So Leith)	23b. DATE 12-2-68		ark Cemetery	23d LOCATION (City or Town) Balto. City, Bal	
	24 H	funeral director oward H. Hub	bard, 4107 W	ADDRESS ilkens A <sub>v</sub> enu	e 21229 2So. REC'D B		SIGNATURE Judge.



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FOD CTATE	15560	**	VITAL RECORDS, MEDICAL EX					)	1 0	557	1
FOR STATE HEALTH DEPT.	1. DECEASED-NAME	First	MEDICAL EX	Middle	Last	UF DEAT	2a. DATE KI	MOUNT Mar	oth Day	Year	2b HOUR
	(Type or Print)	RONALD	WТ	LSON	HUMPHR	EV		ESTI-	18	68	2:15
as sto Page ent of	3 SEX 4.		DATE OF BIRTH	6 AGE (In year		IF UNDER 24 HRS.		ONOUNCED DEAD		00	2d HOUR
delay and 3 M. Pa	Male	White ()	ct. 10.196	5 lest birthdey	MONTHS DAYS	HOURS M.N	Month	ovember	18. Ye	ear 19 68	2:15
	7a. BIRTHPLACE (State a	r foseign   7b CIT	ZEN OF WHAT COUNTR		MARRIED NEVER M	ARRIED 9. C	OUNTY OF DEAT				
	country) York	Pa. 7	1. D.A.				alto.				Md
Sive Pages ng with for the State h.	10 CITY OR TOWN OF D				ON (If not in haspite		OCCUPATION (Ki t of working life			IND OF BUSI RY	NESS OR
fiter de Give P Iong wi ith the	Parkt 13a. USUAL RESIDENCE			e of Dr.		13d INSIDE CITY LIMITS?		AND NUMBER			
of with a solution of the solu	admissian) STATE	Md . I3b.	COUNTY  Balto			YES NO	, John Stranger		3//-3		
Item. J Office Jand 2 after c	14. FATHER S-NAME	First	Middle »	Lost	arkton   Is, MOTHER'S M		λ	rkton, Middle	Ma	t Last	
1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	Kobe	rt V	V. Hum	phres	/ Ca	rol	A.		Fal		
hin 24 trens net) tem. I niner's Office pages 1 and 2 hours after e	16g WAS DECEASED EVER	IN U.S. ARMED FORCES?		USECURITY NO	17 INFORMANT	1/2/	10	ADDRESS	04	X	
	(Yes, na drunknawn)	(If yes give war at dat	tes at service)	(	Kollert	W. New	mphre	y Var	WOR	1110.	2/120
be executed with pending in pending in pending Examine Medical Examinity File event within 72	18. CAUSE OF D	EATH (Enter only one of TH WAS CAUSED BY							В	APPROXIMATE I ETWEEN ONSET A	
xecuted nding" ir Medical I permit.		IMMEDIATE CAU	SE (a) Fract		ocation o	f neck-					
e ex pend ef M sit p	Canditions, if any		DUE TO, OR AS A CONS	SEQUENCE OF							
shauld be en ward "per a the Chief I burial-transit	ase to immediate	le cause (a), (	(b) Due to, or as a con:	SEQUENCE OF		-					
	last.	Trying couse	(e)								
s certificate should e, writing the ward farwarded to the Ch i used as a burial-tro emoval, and in any	PART 2. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELAT	D TO THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN P	ART 1(a)			
ifica tring arde al. as	2 1.000										
te, writing farwards te used as	190. DATE OF OPE	RATION		PERFORMED?	PERATION				2	O. AUTOPSY	
of a par	190. DATE OF OPE	IEE MAE 2	16 TIME OF INJURY Ma		Total Now INDIDA	OCCUPATE COMMO		D + 1 - 2 - 4	0 11 10 1	YEMX!	NO 🗆
#= = · · · · · · · · · · · · · · ·	PRIMARY OR C		HOUR ÆM.		21c HOW INJURY (			ran I ar ran	Z, (18m) 10 )		
INER: e certif shauld files. 3 should	PRIMARYX OR C CAUSE OF DEATH 21d INJURY OCCUR	RRED 210, PLACE C	1:30m 11 OF INJURY (At hame, for	. 18 19 68 orm. street.	21f LOCATION Stree	down st	AICS (ty ar	Tawn	Cour	1ty	State
Æ ff 4 P e m	WHILE NOT I	WHILE fectory, of	iffice building, etc.) Home				,	Parkton		•	Md .
1.1 ¬ 2′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′		rtify that I took ch		ns described ob	ove, held on Aut	lopsy XX	Inspection [	]. Inquiry	-	and in my	
bical Ese execuser Page ned far EcTOR: F	deoth resu		turol couses	Accident 🔀	Page 1	Homicide _		mined manr		, , ,	-
please er director. retained DIRECTO D	- E		List		(l-	HEF MEDICAL EXAM	INER 🔲				
y, ple sral di be retra	ACTUAL SIGNATURE	CCC 1	V 1 1 C		-111 D	SSISTANT MEDICAL E			ATE SIGNED		
	EXAMINER'S NAME (Type)				18	EPUTY MEDICAL EXA DDRESS(Street, city			lov1	8, 19	68
O DEPL necessa the fun 5 may 0 FUNE Health	23a BURIAL, CREMATIO		ard F. Wil	SON M. I	RY OR CREMATORY	1 23	3d_LDCATION, (C	·	(Caunt	(V) (S)	nte) /
	RDMOVAL (Specify)	1 Nov. 2	1. 1968	Stable	rs (eme	Terv	Park	ton	Balt		111.
4	14 FUNERAL DIRECTOR	ルイン	. 00	ADDRESS	D	2Sa. RCD BY	REG.STRAR 191	256 REGISTRA	RS SIGNATI		
VR A15ME (5) 10M REV 1/68	Ames X1	Parlensly	m /leur	Teresal	m. 10.	DATE NOV	~ I 13t	10	will	3 jung	p.C.
1			7								



VR A15ME (5)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in my the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon emers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 stores after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert

Page 4 may be retained by the hospital ar attending physician.

30M REV. 1

emecuted within 14 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last		2a. DATE OF DE			2t H	OUR
(1	ype or print)	Emi:	L <del>y</del>	Riggs	Hu	ndley		N	Month OV . ]	Day 1968	3,	A. N
3. SE	X		4. RACE	- 00		. DATE OF BIRT			AGE (In years last birthday)	IF JMOER 1 YEAR		
	F		W		J	an.18	.1895			rs. Months Oay	YS HOURS	Min.
	SIRTHPLACE (State or	fareign 7b	CITIZEN OF WHAT	COUNTRY?		NEVER MARR		COUNTY OF DE				
taur	Md.		U.S.		WIDOWED T	_		Bal	timore	4		Md
10. 0	ITY OR TOWN OF DEA	TH	11 NAME	OF HOSPITAL OR INSTI	TUTION (If not	ın haspıtal	12a USUAL	OCCUPATION (K	nd of work do	ine 125 KIND	OF BUSINESS (	OR
	Ruxton			et address) Greenwo	od Ro	ad	HOM1	t of working life emaker	, even it retire	d.) INDUSTRY	Home	3
13a	USUAL RESIDENCE (W	here deceased	lived, if institution:	Residence before	3c. CITY OR T		id, instoe (tty limit	13e. STREE	T AND NUMBER			
авты	ssion) STATE	Md	13b COUNTY	norket —	altim	ore	YES NO	□ War	ringto	on Apts	•	
14, 1	FATHER'S NAME	First	Middle	Last	15. /	MOTHER'S MAII	DEN NAME First	t	Middle	)	Last	
	Je	ssie	В.	Rigg	S		Char	lotte		Symi	ngtor	2
	WAS DECEASED EVER	IN U.S. ARMED		B SOCIAL SECURITY NO	-	ORMANT			Addres	S		
L'	es, pa, ar unknawn)	( ) 100 810 100 100	4.	12-10-54	bon Ja	mes W	Hund	dlev.3	05 Gre	enwood	Rd.	
	18 CAUSE OF DEAT	TH (Enter anly a	ne couse per line f	fas (a), (b), and (c).)		0 1-	/ .				OXIMATE INTERVA IN ONSET AND DE	
	PART I DEATH	WAS CAUSED B'	CAUSE (a)	MO Card	eal)	n larle	and			in	medial	l.
				CONSEQUENCE OF		1.						
	Canditians, if any, v		(b)Q	rterio sele	neran	Ly per	Tensin				yes	
	stating the underly		DUE TO, OR AS A	CONSEQUENCE OF								
	last.	)	(c)									
	PART 2 OTHER SIGN	IIFICANT CONDIT	IONS CONTRIBUTION	G TO DEATH BUT NOT	RELATED TO 1	THE TERMINAL	DISEASE OR CON	NDITION GIVEN I	V PART 1(a)			
8	of 1											
CERTIFICATION	19a. DATE OF OPERAT	ION 196 COM	IDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOP:		- CAUSES OF		GS CONSIDERED IN	CERTIFYING	
RTIF						YES 🗌	NO 🔼					
	21a. ACCIDENT WAS  ☐ OR CONTRIBUTING ☐		21b. TIME OF IN HOUR A.M.	IJURY Manth Day Year	21c. HOV	V INJURY OCCU	RRED (Enter n	nature of injury i	n Part 1 ar Part	t 2, Item 18.)		
MEDICAL	(If either, natify me	dical examiner)	P.M.	19								
¥	21d INJURY OCCUR! While   Not while	210. PL/	ACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	RY.) 211. LOC/	ATION Street	ar R.F.D. Na.	City or	Tawn	County	Sto	ate
	at wark at wark					. /			1 1 - 1			
	22a. I certify th	not (I) (this I	haspital) attend e an <u>9/10/6</u>	ed the deceased	fram	110/3	3, 19	, to	110/48.	19, the date and have	at (I) (we	) las
	saw the de	eceasea alive ted abave. (1	e an	d nat) view the bo	, and idv after de	eath.	j (durj apini 7	ian death acc	urrea an The	aate ana hau	ir ana trar	n ine
	22b SIGNATURE		7,7,7,7,7	1	,					22c. DATE SIGNED		
	+	antin	mrett.	CHZ MI	) DEGREE	ATTENDING PHYS.	MEC DIRI		HYS.	11/11/1/2	-	
	22d. PHYSICIAN'S	Dec E	V	7 07	<u> </u>	22e. ADDR				1/100		
	NAME (Type)	Dr. Fi	ancis \	W. Gluck		100	W. Un:	iversi	ty Pkw	ry •		
<b>2</b> 3a	BURIAL, CREMATION,	23b. DAT	E	23c. NAME OF CE	METERY OR CI	REMATORY		23d LOCATION	(City or Town)	(County)	(State)	
	REMOVAL (Specify) Burial	11/	13/68	Trinit	y Chui	rch		LongGr	een.	Balto	Md	
24,	FUNERAL DIRECTOR	ins &	Sons Co	ADDRESS 4905	Zork I	84	NITU BY	REGISTRAR	25b. REGISTR	AR'S SIGNATURE		
1	· · · · · · · · · · · · · · · · · · ·	TITIS OF	Ba	1to 12.	Md		DATE	3 1968	your	were you	AR.	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

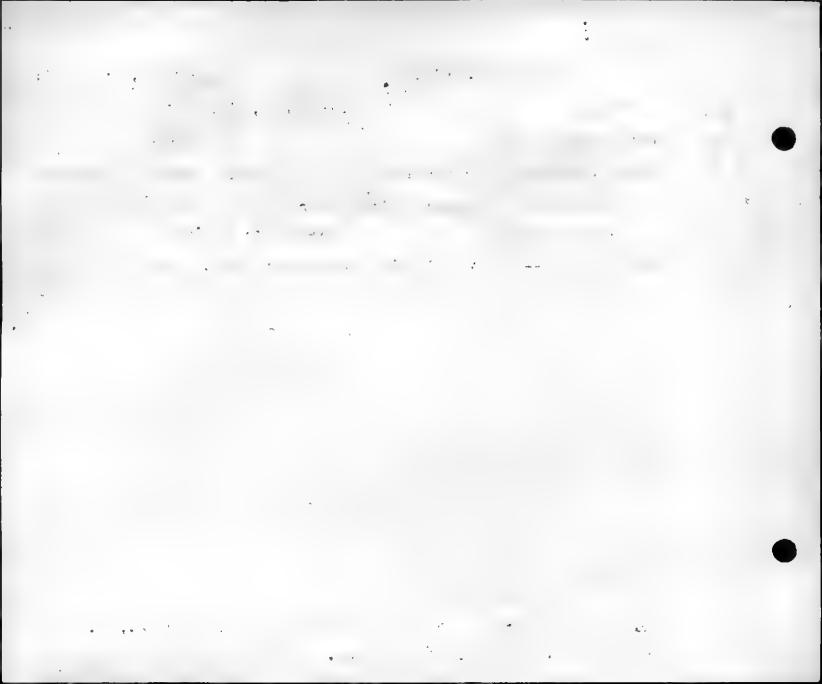
1		15569		CERT	IFICATE OF	DEATH				*	
		CEASED-NAME First Property or print Property Pro	aud V. Hurl	Middle ey	Lost		20. DATE OF DEATH Mo	nth 2 Do	1988	2b H	HOUR P
	3. SE	Female	4. RACE White		S. DATE OF B		6 AGE	(In years outhday) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. M.N
	7b. E coull	BIRTHPLACE (State or foreign Washington	7b. CITIZEN OF WHAT CO	POAR	RRIED NEVER MAI	RRIED 7	Baltimo	re			Md
		Arbutus	gry street o	HOSPITAL OR INSTITUTIO Palladi Dri	,		OCCUPATION (Kind of the of working life, evenues existence is ewife	n if retired.)	12b KIND OF INDUSTRY	BUSINESS	OR
-	13o admi	USUAL RESIDENCE (Where decersion) STATE Md.	osed lived, if institution. Re 13b COUNTBalt:	imore A1	TY OR TOWN	YES NO	ICTO BAT	number ladi D	rive		
	14 F	ATHER S NAME First Nathaniel Sv	veeney Middle	Last	Is, mother's m Marth	AIDEN NAME FIR MCClos	igh	Middle		Lost	
		WAS DECEASED EVER IN U.S. AF (es, no, ar unknown) (14 yes give	RMED FORCES?  e wor or dates of service)  16b. 5 2	SOCIAL SECURITY NO. 16-01-5729	Theresa	E. Hur	ley ,928 P	alladi			
		IB. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED	SED BY: DIATE CAUSE (o) DUE TO, OR AS A C	romary	- Ou	lus	ion	· Vr	BETWEEN O	MATE INTERVINSET AND DI	AL SATH
	rise to immediate cause (a).  Stating the underlying cause (c)  DUE TO, OR AS A CONTOUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)										
	NC	+ 1									
4/	CERTIFICATION		CONDITION FOR WHICH OP		YES [	NO 🗆	CAUSES OF DEA	TH?	CONSIDERED IN C	ERTIFYING	
	MEDICAL CE	216 ACCIDENT WAS UNDERLY  DR CONTRIBUTING CAJSE OF DE  (If either, notify medical exon	HOUR A.M. Moi	nth Doy Year	21c. HOW INJURY OC	CURRED (Enter	nature of injury in Pa	rt 1 or Part 2,	Item 1B.)		
	ME	21d INJURY OCCURRED 21 While Not while at work	e PLACE OF INJURY (AT HOL	ME FARM STREET FACTORY ) BUILDING, ETC.	21f. LOCATION Stre	,	City or Town		County		tote
			this-h <del>ospit</del> al) attended alive an ve, (I) ( <del>we)</del> (did) ( <del>did </del>	1 27 1968	, and that in (m	23, 19 <i>6</i> 2 1y) <del>(our</del> ) apin	1, ta 1200 ion death accurre	d on the de	ate and haur	(1) ( <del>w</del> and fra	) last m the
1		22d SIGNATURE  Brade  22d PHYSICIAN'S A	y Zau	The purpose	ATTENDI DEGREE PHYS	DIF	RECTOR PHYS		DATE SIGNED	196	8
1	230	MAMt (Type)	DAJE 11/5/68	23c. NAME OF CEMETER		of Franc	23d LOCATION JCHY Baltimo	or Tawn)	(Caunty)	(State	
	L	REMOVAL (Burila)				25 NOV BY		gre, Mo		K.	

TO FINITIAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in the page of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, but should be filled with the State Dept of Health prorto burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or ottending physicion.

after death

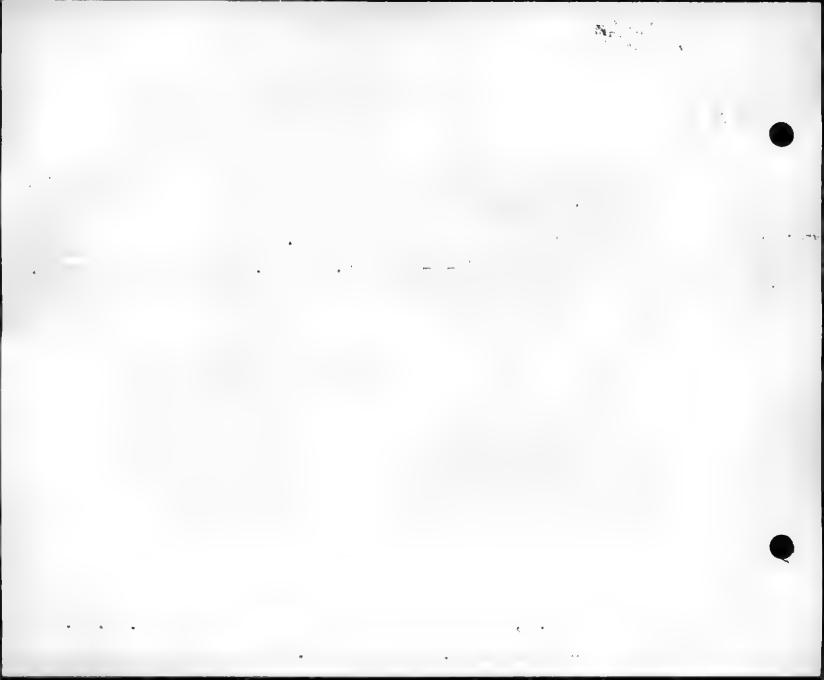


Eastern Ave.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	V	1557% CERTIFICATE OF DEATH
funeral 1 and 2 er death.	7	DECEASED NAME First Middle Lost 20. DATE OF DEATH  (Type or print) Linerson D. Insley Month Doy Vegr 2:10
by The fun	3	SEX 1-12-12  4. RACE 5. DATE OF BIRTH 1-2-12-12  6 AGE (In years life under 24 in under 14
A SECTION OF THE PROPERTY OF T	((	BIRTHPLACE (Stote or fore.gn USA   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   Baltimore
ely filled bon pap within	<i>'</i>	TITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (Hinde in hospital or INSTITUTION) (Hinde in hospital or INSTITUTION)  12. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIGE CITY LIMITS? 13d. STREET AND NUMBER
and campletely fremave carbon any event, with	) od	mission) STATE 1.d. 136 COUNTY 1. Ito   b. Ito   yes   NO 105 Villa nove nd.
and rem n an	1 14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Eost
sicare persion of please	1/	Walter Thomas  o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 21207
physic nen ple aval, o		Yes, no, organnown) (If yes give war or dates of service) 214-12-1530 Mrs. Jeanne M. Insley 4105 Villa Nova Rd.
		18. CAUSE OF DEATH (Enter only one couse per re for (o), (b), and (c).  PART I DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (o)  A CLUSE  THE FOR (o), (b), and (c).  BETWEEN ONSET AND CEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND CEATH  BETWEEN ONS
attendii permit.		4/09 DUE TO, OR AS A CONSEQUENCE OF
nar mar an. by the ransit   cremati		Conditions, if ony, which gove (b) (b)
d by		storing the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
physic physic signed burial-		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
ing I	2	4. Diabetes taellitus
ine law requires ind attending physician. has been signed by use as the burial-trai th priar ta Eurial, cre	X	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
haspital or at haspital or at certificate be sched far use spt. af Health	MEDISCAL CO	Or CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Doy Year   19   Cause of Death   HOUR A.M.   19   19   19   19   19   19   19   1
e e e e e e e e e e e e e e e e e e e	3	White Not while of work of work of work
ined by 1  Nr. After ould be 1  the Stat		22a I certify that (I) (this haspital) attended the deceased from 1908, and that in (my) (our) apinion death occurred on the date and hour and from causes stated above, (I) (we) (did) (did not) view the body after death.
be reto  DIRECTO  Be 3 should be a should		226 SIGNATURE STREET TO DEGREE ATTENDING DIRECTOR DIRECTO
	1	22d. PHYSICIAN S NAME (Type)
Page 4 may Page 4 may To FUNERAL director, po	23	o Burial Cremation, 23b Date 23c Name of Cemetery Or Crematory 23d. Location (City or Town) (County) (Stote)  REPORTEDATiv) Nov. 4, 68 Woodlawn Cemetery Woodlawn Balto. Co. Md.
VR A15 VAI 30M REV AS	24 I	FUNERAL DIRECTOR  ADDRESS  Oring Byers—8728 Liberty Rd. Randallstown, Md. DATE OV 4 1968 Clearly Questions



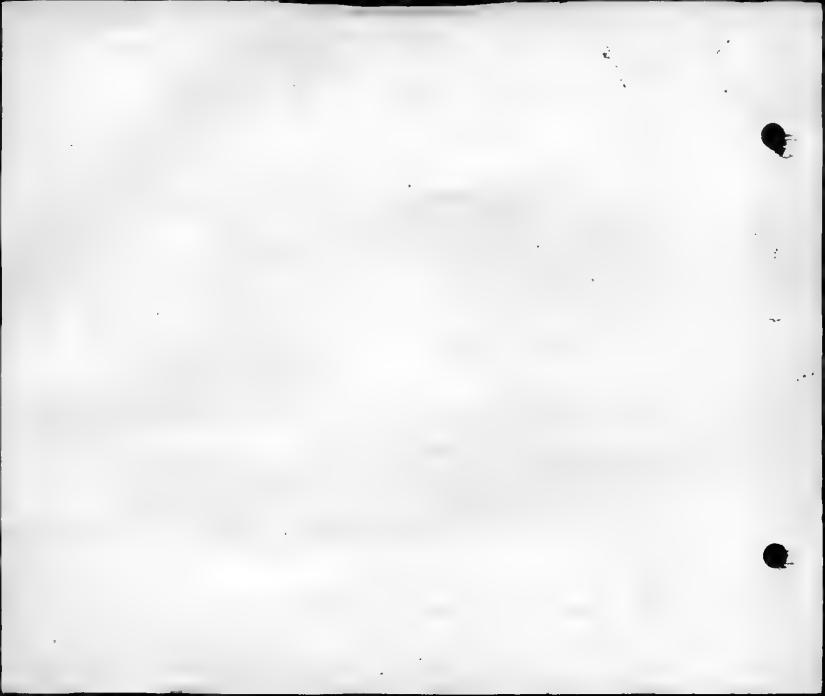
15572

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

ľ	Baltimore		MARYLAND	o STATE Md		iere deceased l	b COUNTY		imore	
Г	b. CITY OR TOWN (If autside corporate fin RURAL and give nearest town)	nits, write	c. LENGTH OF STAY IN 16	c CITY OR TOW	N (If o	utside corpora	le limits, write RU	IRAL and give	nearest town)	
	Ruxton 21204			Rux	ton	ì.				
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street or	ddress)	d. STREET ADDR	ESS				e. IS RESIDEN	4CE
	1813 Ruxton Road			181	3 R	Ruxton	Road		ON A FAR.	
Э.	NAME OF DECEASED	ırst	Middle	Last		4. DATE OF	Mont	h	Day Year	
		seph	S.	Jacob	S	DEATH	Novem	nber	23 19 1	68
5.	SEX 6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9	AGE (In years		EAR IF UNDER 24	HRS
	M W	WIDOWED	DIVORCED [	10/31/18	93		log1-birthday)	Months Do	ys Hours A	Vin.
100	<ul> <li>USUAL OCCUPATION (Give kind of world during most of working life, even it retire</li> </ul>	done 10b K	IND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE	(State	ar foreign cou	itry}	12 CITIZE	N OF WHAT COL	UNTRY?
C			ors Heat -	Coal Be	lai	r. Md		J	J. S. A	
	FATHER'S NAME			14. MOTHER'S MA						
	Frank H. Jacob	S		Eliza	bet	h Str	eet			
15.	WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16 SC	OCIAL SECURITY NO. 17.	INFORMANT			Addre	255	21204	
ĮŸ,	NO or unknown) (If yes, give wor or date of		-07-0742 Br	andford T	0.00	ha Bo	- 801E	Paret	on. Md	
=	IB. CAUSE OF DEATH [Enter only one			adiord o	acc	יטע ביטי	<u> </u>		NTERVAL BETWE	-
	PART I. DEATH WAS CAUSED BY.		actual act	+: 1	1.		1	d	DISET AND DEA	ATH
	IMMEDIATE CAUSE	0	LSTroinTe	sinal	NE	morr	nage	-	3 day	5_
	DUE T	0					,			
	Conditions, if any, which	b)								
	gave rise to immediate DUET	0								
	lying cause last.	(c)								
Ö	PART IT OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE	TERMI	NAL DISEASE (	ONDITION GIVE	N IN PART 1	19 WAS AUTO	DPSY
CATION	157: Emphy=	ema	, severe						YES NO	<u></u>
CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of inj	ury in P	Part I ar Part II	of ilem 18.)			
3	20c. TIME OF INJURY Month, Day, Y	eor 20d INJ	URY OCCURRED   20e. PI	ACE OF INJURY (Home	e, form,	20f. (City a	r tawn)	(Cou	atel 15	State)
MEDICAL	Hour a.m.	While at work	Not white fo	ctory, street, office bld	g., etc.	}	,	(000		,
2	p, m			1958 to	Λ	1001 2	3 1068			
	21. I certify that I attended th		117		120				saw the dec	
	alive on // EV	, 1 <u>V C</u>	, and that death	occurred at S2_	27				date stated a	
	ACTUAL SIGNATURE / 103 Den	iely,	ya.	M.D	Ë	C	el, city or town, 1	57.	11/2	3/6
	PHYSICIAN'S W. B.	DAK	WIELS,	Ja	2	Baltin	nore	212	02	
22	BURIAL CREMATION, 226 DATE THERE	OF	22c NAME OF CEMETERY C	R CREMATORY		22d. LOCATIC	N (City, tawn, or	county)	(State)	
F	REMOVAL (Specify)	68	_Greenmount			Balt	imore		Md.	
_	FUNERAL DIRECTOR'S SIGNATURE H.W. Jenkins & So	ns Co	ADDRESS .		. REÇ'[	BY REGISTRA	R 24b, REGIS	TRAR'S SIGNA		
	11 O OHILMAND & DO		ito 12 Md	DA	TE N	UV ~ 0	1200		00	
_										1.00





15574

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and empleyely filled in by an director, page 3 shauld be detached for use as the burial-transit permit. Then please remave Carban papers. Page shauld be filed with the State Dept. of Health prarta burial, crematian, ar remaval, and in any event, within 72 hours be

30M REV (7)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

-		CEASED-NAME	First		Middle		Lost	2	o. DATE OF D				21010 UR
	(1)	ype or print)	HARRY		CECIL	JOHNSO	N	2	11	Month 07	68	Yeor	5 AM
-1	3. SE	χ		4 RACE		5	DATE OF BIRTH			AGE (In year		NOER 1 YEAR THS DAYS	IF JINDER 24 HRS.
- 1		MALE		CAU		3	225-0	5		lost birthdoy	YRS.	IHS DATS	RUDKS MIN
ı		RTHPLACE (Stote	or foreign	16. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. C	OUNTY OF D	EATH / /		`	
-	W.	VIRGIA	//A	21.5.	A	WIDOWED (	DIVORCED		Ba	171	2201	Re	Md.
ان		ITY OR TOWN OF I			ME OF HOSPITAL OR IN			120 USUAL O				25 KIND OF NOUSTRY	BUSINESS OR BLINDS
		LTO .MD			TR. BALTO		ENTR.	during most o	HELP	e, even it rei		ENE	
				I lived, if instituti	on Residence before		ME	INSTDE CITY LIMITS?		ET AND NUM			
1		ithimor		A3P COUNTA		BALTI	TOTAL	NO □	106	5.57		ER	57.
j.	14. F	ATHER'S NAME	First	Middle	Lost		NOTHER'S MAIDE	N NAME First		Mic	ddle		Lost
1			TANS B.		JOHN.	SON L	YDIA			М.		VAN	WAY
- 1	16o. Ye	WAS DECEASED EV es, ng, or unknown	ER IN U.S. ARME	D_FORCES? ardates of service)	16b. SOCIAL SECURITY		ORMANT	T 16 410	/ /		lress	Lun	
- 1		125	WV		<del></del>		CY H.	10HT/VS	ONI	06 S.S	IRIC	APPROXI	MATE INTERVAL
			E <b>ATH</b> (Enter only TH WAS CAUSED	mad	e for (o), (b), ond (c							BETWEEN C	MISET AND DEATH
		,	IMMEDIAT	E CAUSE (o)	TERMINAI	CANCE	R						
		1601		DUE TO, OR A	S A CONSEQUENCE OF								
		Conditions, if ony rise to immedio		(b)	CA LUNG			· · · · · · · · · · · · · · · · · · ·					
		stoting the unde		,	S A CONSEQUENCE OF	F							
		last.	,	(c)	TING TO DELTH DUT	HOT OF ATER TO T	AC ACDITABLE DIS	TACE OD COND	UTION CIVIEN	IN DART 1/-1			<del></del>
		PAKE 2 OTHER S	IGNIFICANT CONL	HIIONZ COMIKIRO	TING TO DEATH BUT I	NOT KELATED TO T	HE TEKMINAL DIS	SEASE OKTOND	MITON GIVEN	IN PAKI 1(0)			
	<u>8</u>	190. DATE OF OPER	ATION 19h C	ONDITION FOR WH	ICH OPERATION WAS P	FREORMED	20a. AUTOPSY?	· · · · · ·	20h IF Y	ES. WERE FINI	DINGS CONSI	DERED IN C	FRTIEVING
,	CERTIFICATION	I TO. DAIL OF OF EN	211011	SHOTH ON THE	CII O'EKANOR WAS I	Eld Oldlico	YES [	NO 🗀		OF DEATH?	D11103 EQ1131	DEILED III E	LINIII TIII O
\	CERT	21o. ACCIDENT W	AS UNDERLYING	21b TIME OF	INJURY	21c HOW	INJURY OCCURR	h	ture of injury	in Port 1 or	Port 2. Item	18.1	
ı	MEDICAL	OR CONTRIBUTING		HOUR A.M.	Month Doy Yee	r .		(=			-,	,	
	MED	21d IN. JRY OCC			AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	19	TION Street or	R.F.D. No.	City o	r Town	(	DUNTY	Stote
		While Not wo	i ilio		OFFICE BUILDING, ETC.	/						,	
		22a. I certify	that (1) (this	haspital) atte	nded the decea	sed from 1	0-04	19 68	, to LI	-07	19 6	8, that	(I) (we) last
		saw the	deceased ali	ve on 1111-1	07	19 <u>68</u> , and 1	hat in (my) (	aur) apinia	n death a	curred an	the date	and haur	and fram the
			tated abave,	(I) (we) (did)	(did nat) view the	body after de	oth.				F 00 D 170	C101 FB	
		22b. SIGNATURE	2/	01201		DEADER	ATTENDING	m MED		STAFF E	10-	07-6	8
		OO 1 DUDGUGLARIS	W	Officer	<i>Y</i>	DEGREE	PHYS 22e ADDRESS		TOR L	PHYS. T			
įΙ		22d. PHYSICIAN'S NAME (Type)	M. MOU	SSAVI			GBMC	6701	N. C	HARLE	ES ST		
1	220	BUR AL, CREMATIO	DN. 23b D	ATE .	23c NAME OF	F CEMETERY OR CR	EMATORY	79	3d (DCATION	(City or Tow	n) #	ounly)	(Stote)
	200.	REMOVAL (Specify	L NO			2. NATIO			-	MURL		DVIA	1/17
	24	FUNERAL DIRECTOR	100	VIII,1750	ADDRES		250	. REC'D BY RI	EGISTRAR	2Sb REGI	STRAR'S SIG	NATURE	11/10
			2	11011=	DOGTAL	CHOLOK		_NOV 1			Lemel		100



	15	5 <b>75</b>	DIVISION O	F VITAL RECORDS,		PRESTON ST		IMORE, A	MARYLAND 212	01 1	3 7 R /	
Ī	1. DECEASED			M ddie		Lost			OF DEATH			2b. HOUR
1	(Type or	Print) Robe	Robert		Lee JO		N		November 7		1968	2:46
ı	3. SEX		4. RACE			S. DATE OF I	BIRTH		6. AGE (in year lost-burthdoy)	31.	UNDER YEAR	IF UNDER 24 HRS
ı	M	lale	Whi	te		11-10	0-03			184	ONTHS DAYS	HOURS MIN
-[	70 BIRTHPL	ACE (State or foreign	7b. CITIZEN OF	VHAT COUNTRY?	8 MARRII	D- NEVER MA	RRIED	9. COUNTY	OF DEATH			
ı	COUNTRY) Ba	ltimore	USA		WIDOWI		ORCED 🗌	Bal	timore			N
ı	IO. CITY OR	TOWN OF DEATH		NAME OF HOSPITAL OR INS	TITUTION (	If not in hospital			ION (Kind of work		125 KIND OF	BUSINESS OR
١	Bal	timore	giv	St. Joseph	Hos	pital	during m	tired	ing ife, even if reti	red.)	INDUSTRY Armoo	Stee
	13a USUAL I	RES DENCE (Where decease	ed leved, if instit			OR TOWN	13d INSIDE CITY L		STREET AND NUMBE	R		
	admission)	STATE Marylan	rd 13P COUNTY	CALLE.	Bal	timore	YES K		2609 Hill	cres	t Aver	ue
	14 FATHER'S	NAME First	M.ddle	Last	*	IS. MOTHER'S A	MAIDEN NAME F	irst	Mide	ile		Lost
1		Irvin	Johns	on		Ann	ia Fre	V				
Ī		ECEASED EVER IN U.S ARM	IED FORCES? or or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT			Addr	855		
L	res, no, p	or unknown) (11 yes give w	or or onless or secure)	212-07-77	73	Wife:	Louis	e Jo	nson			
ı	18. CA	USE OF DEATH (Enter on	y one couse per	tine for (a), (b), and (c)	}							LATE INTÉRVAL ISET AND DEATH
	P	ART I, DEATH WAS CAUSED	) by .te cause (0)	Intracere	bral	hemorr	nage					
-	H	21,7		AS A CONSEQUENCE OF								
-		ions, if ony, which gove	(b)									
ı		immediate couse (a), ( ) the underlying couse(		AS A CONSEQUENCE OF								
-	lost.	the suderlying coose	(e)									
1	PART :	2 OTHER SIGNIFICANT CON	DITIONS CONTRIE	UTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR (	ONDITION O	GIVEN IN PART 1(o)			
	2	1312							, ,			
4	190. DA		CONDITION FOR V	HICH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?		IF YES, WERE FIND	INGS CON	SIDERED IN CE	RTIFYING
1	190. DA					YES	Y NO	CAI	USES OF DEATH?			
	210. A	CCIDENT WAS UNDERLYIN	G 216 TIME	OF INJURY	21c	HOW INJURY O	CCURRED (Ente	r noture of	injury in Port I or P	ort 2, Ite	m 18.)	_

either, notify medical examiner)

21d. INJURY OCCURRED

8802

HOUR A.M. P.M. (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY

21f. LOCATION

City or Town

County State

Nat while at work 19.00 220. I certify that (4) (this haspital) attended the saw the deceased alive on 11-7-08 deceased from saw the deceased alive on 11-7-68 19 and that in (109) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 225. SIGNATURE

22d. PHYSICIAN'S NAME (Type) Ines Cilliani, M.D.

23b. DATE

& SON

ATTENDING PHYS DEGREE

MED. DIRECTOR

22c. DATE SIGNED STAFF PHYS. X 11-7-68

22e. ADDRESS 7620 York Road, Towson, Md. 20204 LOCATION (City or Town)

Brok1

BURIAL, (REMATION REMOVAL (Specify) FUNERAL DIRECTOR

C.F. EVANS

Holy Cross Cem

23c. NAME OF CEMETERY OR CREMATORY

Harford Rd

250 REC'D BY REGISTRAR 1968

yn Anne A 256 registrar's signature

(County)

(Stote)

directar, page 3 shauld be detached for use as the burial-transe shauld be filed with the State Dept. af Health priar ta burial, crema O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

attending parent. ian, or i

signed by the

hours tofter death.

maval, and in any event, withil hen please remave carban physician and





### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME 2g DATE KNOWN (Type or Print) OF ESTI-DEATH MATED KATHLEEN 19 68 HAZEL 4. RACE S DATE OF BIRTH 6. AGE (In years IF JINDER 24 HRS. 2c. DATE PRONOUNCED DEAD the State Departm Sept.28,1946 female. white 22 YRS 1968 To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED T 9. COUNTY OF DEATH (Guntry) Maryland U.S.A. WIDOWED [ DIVORCED | Baltimore TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during mast of warking life, even if retired.) give street address) 8453 Water Oak Road Baltimore 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN .3d. INSIDE CITY JJMITS? 13e STREET AND NUMBER 13b COUNTY Baltimore ddmission) STATE Mary Land 8453 Water Oak Road 4. FATHER'S NAME IS, MOTHER'S MAIDEN NAME Middle Ferdinand Kalbskopf Marian Davidson hours 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, na, ar unknawn) None Fordinand Kalbskopf Samo event within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMM(DIATE (AUSE (a) Congestive Heart Failure due to Anemia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Mongolism crematian, ar removal, 190. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? YES [ 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town (gunty State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry [ and in my apin an death resulted from: Natural causes X. Accident . Suicide ... Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 11/11/68 Werner U. Spitz. DEPUTY MEDICAL EXAMINER Health ADDRESS(Street, city, town, or county) NAME (Type) 50 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b, DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burlal Baltimore, Maryland Moreland Memorial Park 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR Leonard J Ruck Inc Baltimore. Maryland

VR A15ME (5) 10M REV 1766

in Heart

writing the ward

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15578		CE	RTIFIC	ATE OF DEAT	rH		1.	9991	)	
	ECEASED NAME First Type or print) Ca	therine E	Middle Glizabeth	Kear			DATE OF DEATH vember Month	13, Doy 19	968 <sup>ar</sup>	2b. H	OUR M
3. S	Female	4. RACĘ Cau.			June 21,		6. AGE (in y	rears →F. py) MON YRS.	INDER 1 YEAR	HOURS 1	24 HRS MIN
76. cou	BIRTHPLACE (Stote or foreign ntry Maryland	76. CITIZEN OF WHAT		MARRIED WIDOWED [			NIY OF DEATH Baltimore				Mc
	CITY OR TOWN OF DEATH  ockeysville		OF HOSPITAL OR INSTIT et oddress) Power		duri		JPATION (Kind of working life, even if r ker		26. KIND OF INDUSTRY	BUSINESS Lome	OR
13a adn	USUAL RESIDENCE (Where deceose ission) STAIL Maryland	ed lived, if institution:	Residence before   13			NO D	13e. STREET AND NUI	wser Ave.			
	FATHER'S NAME First	Middle	Last	15	MOTHER'S MAIDEN NA	AME First	, A	Aiddle		Last	
•	Edward	Powers			Catherin	ne B	rown				
160	. WAS DECEASED EVER IN U.S. ARN	or or detay of service)	b SOCIAL SECURITY NO.		NFORMANT		A	ddress			
	Yes, na, ar unknawn) (It yes give w	21	12-24-2486	B Ka	therine H	Robe	rts. 10508	Some	ona Ay	re.2	103
CERTIFICATION	stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(o)    190 DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   206 IF YES, WERE FINDINGS CONSIDER										
RTIFI						10 🖂	CAUSES OF DEATH?				
MEDICAL CE	210 ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	HOUR A.M. N	Manth Day Year		OW INJURY OCCURRED		e of injury in Part 1 a	r Part 2, Item	18.)		
W	at work at work	PLACE OF INJURY (AT OFF					City or Town		aunty		ate
	22a. I certify that (I) (the saw the deceased a couses stated above	<del>s hospit</del> al) attend live on <u>//O/</u> ;,(I) (we)(did)(di	led the deceased 13/2 196 d nat) view the bo	frem 20_, one dy after (	March 27°, I that in (my) (out leath.	19 <u>62</u> , <del>)</del> opinian (	to <u>/YDV - 1.</u> death accurred ar	3 , 19 <i>6</i> 3 1 the date (	, that and havr	(I) (swe and frai	;) las m the
	22b. SIGNATURE	0	14.	DEGR	ATTENDING	MED.	STAFF	22c DATE	SIGNED	- 1	10
		dun	U PI	) blok	4 1175	DIRECTO	R PHYS L	- //	17	K	20_
	22d. PHYSICIAN S NAME (Type)	our,	U PI,	D, brok	22e. ADDRESS	a DIKECIOI	K C PHYS C		17		20_
230	NAME (Type)  8 BURIAL, CREMATION, 23b. 1	DATE -1968	23c NAME OF CEN	AETERY OR	22e. ADDRESS	23d.	LOCATION (City or To	wn) (G	(ounty)	(Stole)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbat, papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after distriction.

ithin 24 hours after death.

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed we page 4 may be retained by the hospital ar attending physician.

Wm. Cook-Brooks Towson, 1050 York Rd., 21204

DATE 18 1968

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Towson, Maryland21204

7.5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physichan and campletely filled in by the funeral director, page 3 should be detached for use as th≡ burial transit permit. Then please remove carbony papers. Pages 1 and 2 should be filled ≡ith the State Dept. of ∏ealth prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeguted within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/68

## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	200 <b>90</b>		CERTIFICATE O	F DEATH			
	ECEASED-NAME First	Middle	Last	2a.	DATE OF DEATH		2b. HOUR
0	Type or print) FRA	NCES ETHEL	1/ = 1	BAUGH	Month De	7 Year 5 1948	1 45 N
3. 5		4. RACE	Is DATE OF		6. AGE (In years		JNDER 24 HRS
	_			_	last birthday)		IOURS MIN
70	FEMALE  BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		G. 3, (89	UNTY OF DEATH		
	ntrV)		8. MARRIED NEVER A		UNIT UF DEATH	-	
L	Md.	UNITED STATES	WIDOWED D	VORCED [		BALT	
10 (	CITY OR TOWN OF DEATH  TOWSON	11 NAME OF HOSPITAL OR INS give street address)	` .	during mast of	SUPATION (Kind of work dane working life, even if retired.)		SINESS OR
13a.		ed lived, if institution, Residence before	113c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER		
	essian) STATE M 0.	A3b. COUNTY BALTO.	BALTO.	YES IN O	6004 YO	RK RD	
14.	FATHER'S NAME First	Middle Last	IS. MOTHER S	MAIDEN NAME First	Middle		Lost
	THOM	AS KELBA	UGH AR.	1 ETTA		WILHI	FLM
	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY I			Address	IRVEWA	1,-
	res, na, ar unknown) (If yes give wo	ar or dates of service)	RAYMO	nd Drechs	ler, Him	foris, Fred	11403
	1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a) (b), and (c). BY:	1	&J-no	1111001	BETWEER ONSET	E INTERVAL T AND DEATH
	1 1MMEDIA	TE CAUSE (a)	nenca	7			70
	Condition Committee	DUE TO OR AS A CONSEQUENCE OF	1-1 d	2=1-:	S-1- +	-1	, ,
	Conditions, if any, which gave ) ise to immediate cause (a),	Carreis	E-E-20-17	8 14710	Siter le	- 62	1-
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	21.0	61	1/2 CA		
	lost.	(t)	1010 M	enal b	cere with	The a	
	PART 2: OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
z	4127						
CERTIFICATION	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. A	UTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERT	TEYING
불			YES	MO 🗀	CAUSES OF DEATH?		
ERI	21a. ACCIDENT WAS UNDERLYING	G 215 TIME OF INJURY			re af injury in Part 1 or Part 2	Item 181	_
3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year			a man	,	
MEDICAL	(If either, natify medical examin 21d. INJURY OCCURRED 21e			D.C.O. N.	C. 7		Cara
<b> </b> ~	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	217 LOCATION S	Treet or K.r.D. No.	City or Town	Caunty	State
Н				of the same		70	
	22a. I certify that (I) (thi	<del>s-hospital)</del> attended the decease	ad from O-e-	1962	, to /10 / 23, 1	) <u>605</u> , that (I	) (we) las
П	saw the deceased al	ive an Vol 24 1	bady after death	(my) (o <del>ur) o</del> pinian	death accurred on the d	ate and haur an	d fram the
	22b SIGNATURE	(i) (west (qual tump ment allen use	budy uner death.		1 22	DATE SIGNED	
П	CELLOCK	En 1000 over	LECONOREE PHYS	NDING DIRECTO	STAFF -	1/24/	65
	22d. PHYSICIAN'S NAME (Type)	1 60D	,	ADDRESS		,	
	CAAR	les G. O. Doni					
23a.	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATOR		. LOCATION (Gty or Town)	,	(State)
	REMOVAL (Specify)	-27-68 MIC	ARMEL. M.	ethodist	BALTO, Co	, - M	1D,
24.	FUNERAL DIRECTOR	ADDRESS	OVORJE RO	2Sa REC'D BY REG			
14	VOCOUK-BRO	oks Towson Tou	Uson md 21.	DATENOV 2	7 1968 golie	may Judy	pl.



and 2 leath.

uneral

within 24 haurs after death.

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the Meath certificate be

Page 4 may be retained by the haspital ar attending physician.

15581

CERTIFICATE OF DEATH

	CEASED-NAME	First		M ddle		Last		2a. DA	TE OF DEATH		14		24 H	IQUE
(1	ype or print)	Rober	t I	Kellum					Mont	1	"12 "	86°°	12:	P
3. SE	X	4. RA	CE	*		DATE OF B	IRTH		6 AGE (		IF UNDER I		F UNDER	
	Male		White	2		9/29	/1875	)	last gr	3 YRS.	MONTHS	OAYS .	HOURS	MIN
70 E	BIRTHPLACE (State or forei	gn 7b CITI	ZEN OF WHAT O	OUNTRY? 8	MARRIED [	NEVER MAI	RRIED	9 COUNT	Y OF DEATH					
T	owson, Md	•	USA		WIDOWED 🗍		RCED 🗀	Ba	1timo	re				A
10. C	LITY OR TOWN OF DEATH			OF HOSPITAL OR INSTIT	UTION (If not	in hospito		AL OCCUPA	ITION (Kind of	wark dane		ND OF BL		OR
	Md.		Ches	sapeake	Mano:	r N.H	dur Ma	chim	king life even	& EI	edtri	Cc Cc	٠.	
13a	USUAL RESIDENCE (Where			Residence before 13	CITY OR T	OWN	13d INSIDE CITY		Be STREET AND					
uam	usual residence (Where	'B	altimo	ore			YES N	0 <b>X</b>	1911	Quee	nswa;	<u>y</u>		
14. F	FATHER'S NAME First		Middle	Last	15.	MOTHER'S M	AIDEN NAME	First		Middle			last	
		unk.							unk	•				
	WAS DECEASED EVER IN L	S. ARMED FORCE	d range l	. SOCIAL SECURITY NO.		FORMANT				Address				
'	(es, no, or unknown) (#	tan Austral organic	2	12 <b>-</b> 0 <i>5</i> -300	9   Re	bert	L. Kel	lum 1	1110 Ar	ran R				
	18. CAUSE OF DEATH (E		use per ime fo	r (a), (b), and (a))		1 01		. 0	0			APPROX MA TWEEN ONS		
	PART I. DEATH WAS	CAUSED BY MMEDIATE CAUSE	(0) 40	Mute	and	Ch	mi (	L	eval	faces	Lune			
	+369		, ,	CONFIQUENCE OF										
	Conditions, if any, which		(b) 3/	money.	byes	Mercu	~-0W	and the						
	rise to immediate caus stating the underlying		E TO, OR AS A	CONSTQUENCE OF	4		A	-11	11			1		
	lost.	<del></del> )	(c)	Cerebra	e Va	soul	m.	Clas	Leut.	Me	well	<u> </u>		
	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINA	AL DISEASE OR	CONDITION	GIVEN IN PART	1(0)				
N	````													
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	IN FOR WHICH C	PERATION WAS PERFO	RMED	20a. AUTO	1		Ob IF YES, WER AUSES OF DEATH		CONSIDERE	D IN CER	TIFYING	
TIFI(						YES 📝	NO [	] _ [	AUSES OF DEAT	1r				
	21a ACCIDENT WAS UNI		b TIME OF INJU		21c. HO\	V INJURY OC	CURRED (Ente	er nature o	f injury in Part	1 or Port 2,	(tem 18.)			
MEDICAL	OR CONTRIBUTING CAUS	exominer)	P.M.	anth Day Yeor 19										
ME	214 INTUDY OCCUPPED	21e. PLACE O	F INJURY (AT H	OME. FARM, STREET FACTOR' CE BUILDING, ETC.	2) 21f, 10C	ATION Stre	et ar R F.D No	1	City or Town		County		St	tate
	While Not while at work		1 2/11					-	11_5		40			
	22a. I certify that	(1) (this hasp	ital), attend	d the deceased	from	111		, to		, 19	52.	that (		
	saw the decea	sed alive an	-110	nat) view the boo	and, and	that in (m	ry) (aur) ap	inian de	ath occurred	an the d	ate and I	haur ar	nd fro	m th
	22b. SIGNATURE	undve, (I) (W	e) (eld	flui) view me no	ay uner de	guill.				22.	DATE SIGN	lED.		
	The stollar of the	mohi	1 SH	amely.	DEGRE	ATTENDI PHYS	NG 💌	MED. DIRECTOR	STAFF PHYS.		DATE SION	VLD.		
	22d. PHYSICIAN 5	5				22e. ADI			71770					
	NAME (Type)	4MSH	11) 17	MMED	MA	20	4 E/ J	oppa	Rd. Ba	lto,	21204	,		
23o.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF CEN	METERY OR C	REMATORY		23d. 10	CATION (City of	Town)	(Count	y)	(Stote)	
	REMOVAL (Specify)	11/15	5/68	Wester	rn				Ba	lto.,		Mc	1.	
	FUNERAL DIRECTOR			ADDRESS			2So. REC'D	BY REGISTR		REGISTRAR				
N	itchell-Wie	defeld	Home 6	500 York I	Rd. #2	21212	DATE N	OV 19	9 1968	fal	wile	J'en	0	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. I should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs. 30M REV. (8)



ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician.

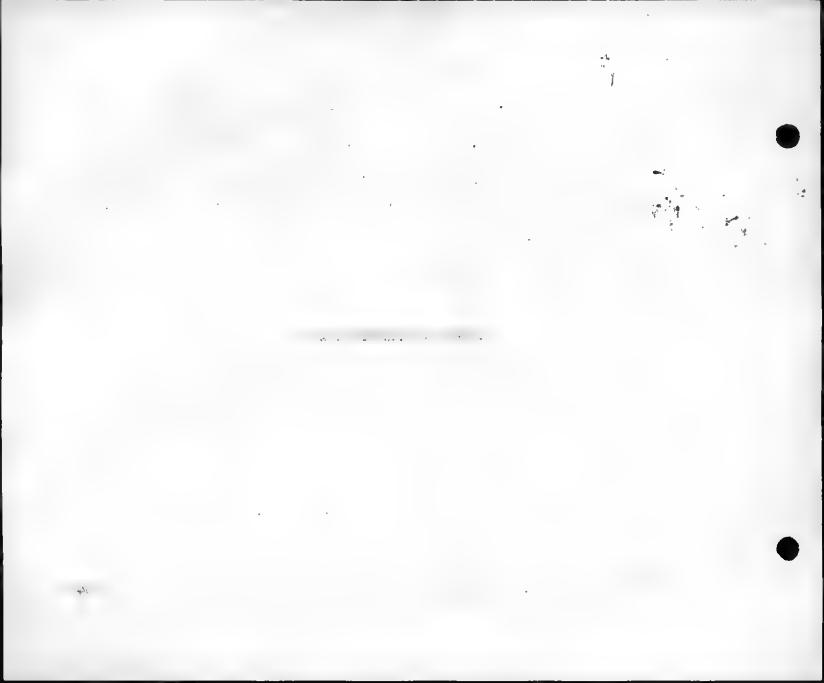
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicing a director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept of Health prior to burial, cremotian, ar removal, and

remove corbon paper and completely fille

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			ERTIFICATE OF	DEATH			
DECEASED-NAME (Type or print)	First	Middle	Last		a DATE OF DEATH		2b. HOUR
(vibe or bitil)	Matilda	Mary	KELLY		Manth 11	16 1968	4 A
3 SEX	4 RACE		S DATE OF		6 AGE (in years	FUNDER YEAR	AF UNDER 24 HRS
Female	Whit		2-28	3-1894	last birthday)	RS. MONTHS DAYS	HOURS MIN
7a BIRTHPLACE (State or country)	fare gn 7b CITIZEN OF V	WHAT COUNTRY?	B. MARRIED NEVER MA	ARRIED 9. CO	OUNTY OF DEATH		
Maryland	U.S.	A.	WIDOWED 🔀 DIV	ORCED 🔲 📙	Baltimore,		h
10 CITY OR TOWN OF DE		NAME OF HOSPITAL OR INS' e street address) ST JOSEPI	TITUTION (If not in haspital		CCUPATION (Kind of work dor It working life, even if retired Iomakor		BUSINESS OR
13a USJAL RESIDENCE (V	there deceased lived, if institu	utian Residence befare	13c CITY OR TOWN	13d. INS:DE CITY LIM TS?	13e STREET AND NUMBER		
odmiss on) STATE	13b COUNTY		Baltimore	YES X NO	1421 Walker	Ave.	
	First Middle	Last	IS. MOTHER'S	MAIDEN NAME First	Middle		Last
F	erdinand Ru	ıssey		unkno	own		
16a. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b SOCIAL SECURITY N	O. 17. INFORMANT		Address		
Yes, na, ar unknawn)	(If yes give war or dates of service)	219-30-452	20 Mildr	ed F. Ro	ohm, dght. a	bove	
1B CAUSE OF DEA	TH (Enter anly one cause per	line far (a), (b), and (c) )	7371.				MATE INTERVAL HISET AND DEATH
PART I. DEATH	WAS CAUSED BY IMMEDIATE CAUSE (a)	Pulmonary	embolism ma	assive		atterer of	DE AND DEATH
4		AS A CONSEQUENCE OF					
Canditions, Fany,	which gave)	Francisco de la Constantina	v v(€. 6. 1	3800			
rise to immediate stating the underli	and couse DUE TO, OR	AS A CONSEQUENCE OF					
last. 465	(c)_						
PART 2 OTHER SIG	NIFICANT CONDITIONS CONTRIB	LTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE OR CONDI	ITION G VEN IN PART 1(a)		
Generali	zed peritonit						
19g. DATE OF OPERAT	ON 196 CONDITION FOR W	HICH OPERATION WAS PER	FORMED 20a AU1	TOPSY?	20b IF YES, WERE FINDING	S CONSIDERED IN CE	RTIFYING
E L			YES 🖥	_	CAUSES OF DEATH?		
21a ACC DENT WAS DOR CONTRIBUTING [ [If either, notify me	CAUSE OF DEATH HOUR A.M.	Manth Day Year	21c HOW HUJURY O	CCURRED (Enter natu	ure af injury in Part 1 or Part	2, Item 18.)	
	RED 21e PLACE OF INJURY		DRY ) 21f LOCATION Str	eet or R.F.D. No	City or Town	County	State
at wark at work							
22a. I certify t	iat 🗱 (this haspital) at	tended the decease	d from 11-6-	<u>, 19 68</u>	, ta 11-16- n death accurred on the	19 <u>68</u> , that	( <b>IX</b> (we) li
saw the de	rceased orive on ted above, (I) (we) (did	19 (did not) way the b	OO_, and that in (r	ny) (aur) apınian	death accurred on the	date and haur o	and from t
22b SIGNATURE	L. As	(old flot) view file b	ouy oner deons.		0.	2c DATE SIGNED	
A	Aleliens	4. D.	DEGREE PHYS.	OING MED		1-16-68	
IZZU PRIJULIAN S	Afelicano 1		22e AC	NDRCCC			
NAME (Type)	Christine Fel	liciano, M.	D. 76	RC York	i., Towson, Mo	1. 21204	
23a BUR AL CREMATION,			EMETERY OR CREMATORY	23c	d LOCATION (City or Town)	(County)	(State)
REMOVA FOR A	11/20/68				Baltimore		(=)
24 EUNERAL DIRECTOR	k Funeral F			2Sa. REC'D BY REC	GISTRAR 2Sb REGISTRA		
3331	Brehms Lane	ione, tire,		DANOV Z 1	1968	William Words	UKa



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) November ADDIE **JOHANNES** KERNS 4 RACE S. DATE OF BIRTH 6 AGE (In years 3 SEX last birthdoy) be executed within 24 haurs aft Female White Nov. 21. 1875 oan papers. Pag within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Bal to., Md. completely filled in WIDOWED X USA DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done Gollege Manor, Inc. during most of warking life, even if retired.) remove carban Lutherville 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY EUNITS? 13e STREET AND NUMBER "Chattolance Hill" OwingsMil 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Johannes Edward Maria requires that the death certificate. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT : son-Yes, ga, ar unknawn) ar remayal, 220-54-2936 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' crematian. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave t rise to immediate couse (a), DUE TO, OR AS ALCONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [ ] far use Health 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town While Nat while at wark of work 22a. I certify that (i) (this-hospital) attended the deceased from... saw the deceased alive on (we) (did) (did view the body after death. causes stated above, (1) ATTENDING DEGREE DIRECTOR PHYS PHYSICIAN !

director, shauld VR A15 (4) 30M REV, 1/68

23a BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR & MOWEN CO.108 W.North Av.Balto.1

1968

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

15595 2b. HOUR P

2b KIND OF BUSINESS OR

Last

IF UNDER 1 YEAR

INDUSTRY

YRS

8:40M

F JNDER 24 HRS

Adeline Williams Address Owings J. Seeger Kerns, Chattolanee Hill, Mills, Md. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Stote County 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 22c DATE SIGNED 23d LOCATION (City or Town) (State) (County) Pikesville, Balto.

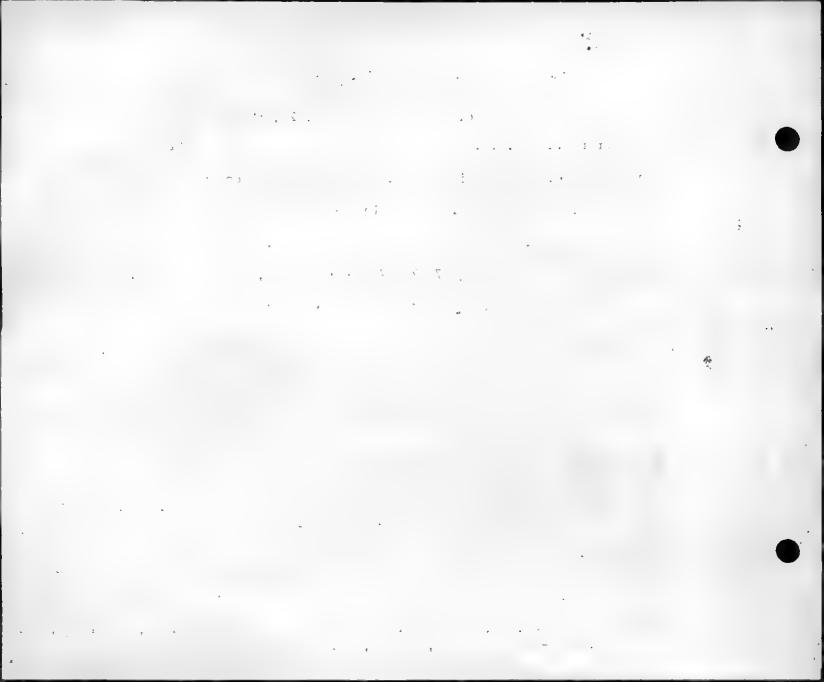


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter deoth.

Page 4 may be retained by the hospital or ottending physician.

MAKTIAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1
CERTIFICATE OF DEATH	

Street	DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
	Type or print) EMERT A. Marth 1/ Day 26	Year 769 92M
第二個		R I YEAR IF UNDER 24 HRS
He e	last birthday) MONTHS	
는 없는	Male Cauc Mar 26 1883 85 YRS.	
٠	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 7 COUNTY OF DEATH	
l in	Warren Md. U.S.A. WIDOWED DIVORCED Baltimore	Md.
i pa die	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
signed by the ottending physicion orthogonal filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 haurs afteragest.	White Hall Md.   Weisberg Rd.   Watchman	USTRY
corl int,	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 36 INSIDE CITY IMMITS? 13e STREET AND NUMBER	
ev ev	nission) STATE Md. Baltimore White Hall	
order omble remove c in ony evel	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
in or	Llôyd S. Keys Eliza M. Bull	
rsicion pleose Il, ond ir	L10yd S. Keys Eliza M. Bull  WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
is and of	Yes, ng. gr unknown) (If yes give wor or dates of service)	
phy Then mova	No 717 07 6875 Rodger Keys, White Hall, Md	APPROXIMATE INTERVAL
E E	18. CAUSE OF DEATH (Enter only one couse per line far (a) (b) and (c)	BETWEEN ONSET AND DEATH
signed by the ottending physiciol burial-transit permit. Then pleos burial, cremation, or removal, and	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	
permit.	4/27 DUE TO, OR AS A CONSEQUENCE OF	
9 7 6	Conditions, if any, which gave)	
毛運	rise to immediate cause (a), (10)	
d ti p	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
signed by the burial-transit burial, crema	lost (t)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
= e c	/	
as t si	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	ED IN CERTIFYING
hour de de	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21b. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	
certificate hom beem thed for use as the pt. of Heolth prior to	210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	.)
高電器	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor	
ed ed.	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County	tv Stote
RAL DIRECTOR: After this certi , page 3 should be detoched be filed with the State Dept. of	21d INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. City or Town  County of Town  C	1y 31016
E e e	lat work — at work —	
tat tat	22a. I certify that (I) (this haspital) attended the deceased fram 1967, and that in (ray) (are) apinion death accurred an the date and	, that (I) (we) last
d ld	saw the deceased alive an 66/73 1961, and that in (ray) (raw) apinion death accurred on the date and	I haur and from the
<b>8</b> □ ±	causes stated abave, (1) (we) (did) (did-not) view the bady after death.	
日本意	22b. SIGNATURE 22c. DATE SI	SWED
ed ed	Transfer ATTENDING MED. STAFF   STAFF   1/1	26/65
1 1 g	22d. PHYSICIAN'S 22e. ADDRESS	-
2 2	NAME (Type) A.M. FRANCE PARKTON, M.	
Sta	BURIAL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Cou	nty) (State)
TO FUNERAL DIRECTOR: After this director, page 3 should be detoo should be filed with the State Der	Burial (Specify) Nov. 30,68 Poplar Cockeysville, Balt	
Pro =	FUNERAL DIRECTOR. Cook-Brooks Towson ADDITIONS Md. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL	URE
30M REV 1/68	DAIDEC 2 1968 Charles	Undal
10	DAIDLO H 1000 1	1



DEGREE

Mt. Olivet Cem.

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

director, page 3 should be filed v

22d PHYSICIANS

230 BUR AL, CREMATION,

NAME (Type)

CO.108 W.North Av.Balto.k

23b. DATE

250 RECD BY REGISTRAR

23d LOCATION (City or Town)

DIRECTOR

(County)

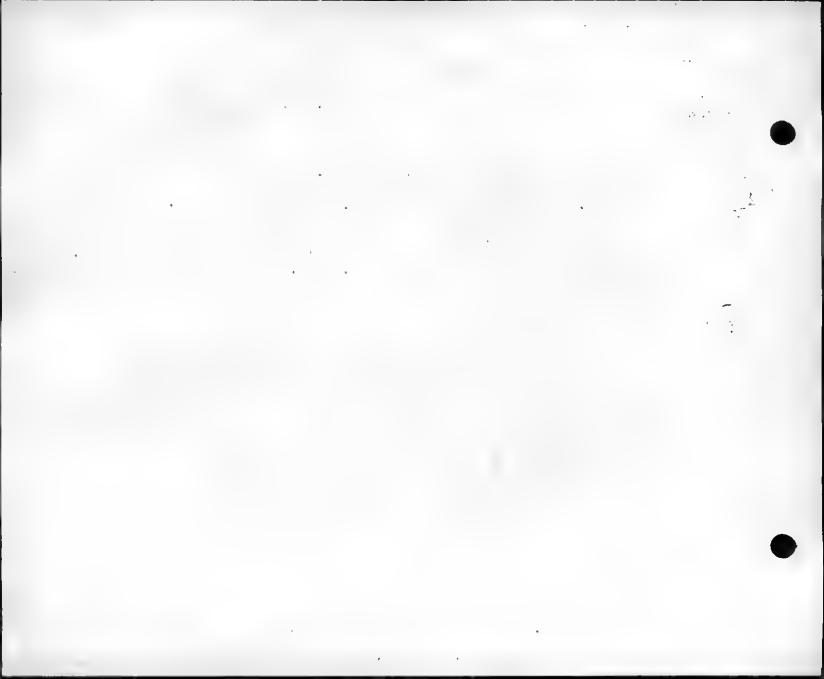
Baltimore, Maryland

2b. HOUR

HOURS

Lost

Stote





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 5 9 9 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month SIMON KOHLENSTEIN November 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (In veors lost buthdoy) HOURS Male White November 26,1907 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED 🔽 NEVER MARRIED 9 COUNTY OF DEATH country) Baltimore, Md. USA WIDOWED ? DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life even if retired.)
Superintendent 7278 Oak Haven Circle INDUSTRY Baltimore and completely Warehouse 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13rt INSIDE CITY DIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b COUNTY remove Baltimore. 7218 Oak Haven Circle Middle 1S. MOTHER'S MAIDEN NAME First Louis Kohlenstein Hannah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Circle Yes, no or unknown) (If yes give war or dates of service) Mrs. Minnie Kohlenstein 721.8 Oak Haven Datve+ 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Heolth prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? none YES 🔲 NO E 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INILIRY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 10/12, 19.66, ta 11/9, 1966, that (I) (we) last saw the deceased alive an 11/9 19.66, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MODEGREE DIRECTOR 22e ADDRESS 22d. PHYS CIAN S Maurice Feldman Jr. 6610 Cross Country Blvd. 23d LOCATION (City or Town) 23E NAME OF CEMETERY OR CREMATORY 23b DATE 230 BURIAL, CREMATION, (County) Oheb Shalom O'Donnell St. Nov. 11, 1968 Baltimore. Maryland 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATUR Sol Levinson & Bros. 6010 Reisterstown Rd.





			<b>CERTIFICA</b>	TE OF DEATH								
	ECEASED-NAME First	Middle		Last	2g. DATE OF DEATH	V	2b. HOUR					
1	Type or print)	D	Kuebe	rth	Month D November 1	7 68	7:360 M					
3. \$		4 RACE		DATE OF BIRTH	6 AGE (In years	IF JNDER I YEAR	IF UNDER 24 HRS					
L.,	Male	White		4-12-3 18	88 last birth 8 QR	MONTHS DAYS S.	HOURS MIN.					
7a	BIRTHPLACE (State or foreign norm)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED 9.	COUNTY OF DEATH							
(GU	Laryland	U.S.A.	WIDOWED 🗀	DIVORCED [	Baltimore		Md.					
10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If not i	hospital 12a USUAt	OCCUPATION (Kind of work dans	e 125 KIND OF	BYSINESS OR					
	Towson	St. Joseph	Hospital	- 1 / A	of working life. In it retired.	in INDUSTRY	ones					
	USDAL RESIDENCE (Where deceas ssian) STATE	ed lived, if institution: Residence before	1/1/	///	¥							
_	Maryland	<u> </u>	PARKI		9	od Ave.,	21234					
14.	FATHER'S NAME First	Middle Lost	_/ 15 M	OTHER'S MAIDEN NAME First	1	, .	Last					
	16 HAI		16	HNNA	DURK	114						
160	WAS DECEASED EVER IN U.S. ARN fes, ng. or unknown) (fyes give w	AED FORCES?   166 SOCIAL SECURITY		Philip AK	uebez V/ Address	SAM	l					
	1	iy ane cause per line for (a), (b), and (c)	1)			APPROXIC	MATE INTERVAL INSET AND DEATH					
	AART & BESTURES ASSESSED	0. 0.14		an Enjanda E	Mohohly Vamonn		MIST AND DEATH					
	PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (g) Cerebral Vascular Episode Probably Hemorrhage											
	Canditians, if any, which gave											
L	rise to immediate cause (a), (b)											
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)											
_	331X											
VI O		CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CERTIFICATION												
	21a. ACCIDENT WAS UNDERLYIN			INJURY OCCURRED (Enter no	ature of injury in Part 1 or Part :	2, Item 18.)						
MEDICAL	ar contributing acause of Deat	TH HOUR A.M. Manth Day Year ner) P.M.	9									
놽	21d INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, FA	ACTORY.) 21f LOCA	ION Street or R.F.D. No.	City ar Tawn	County	State					
	at wark at wark											
Н	22o. I certify that (I) (the	is hospital) attended the deceos	ed_from	11/17/, 1968	_, to <u>11/17/_</u> , l	1968, that	(I) (we) lost					
	220. I certify that (I) (this hospital) attended the deceased from 11/17/, 1966, to 11/17/, 1968, that (I) (we) lost saw the deceased alive on 11/17/34 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
Н	22b. SIGNATURE	;, (I) (we) (did) (did not) view tile	body affer dec	1111.	22	c. DATE SIGNED						
П	Camilo 2	Tombor	DEGREE	ATTENDING MED MED DIRE	CYAFF	11-17-68						
Н	224 PRAILISANC		PERILLE									
	NAME (Type) Camil	Lo Z. Tomboc		7620 York K	d., Towson Md.	21204						
230	PURIAL, CREMATION, 23b.	DATE , 23c. NAME (8)	CEMETERY OF CR	ENIATORY	23d. LOCATION (Sity or Town)	(County)	(State)					
	TREMOYAL Spec for //	121/1918 Hoi	Ly Kee	Kenner	(15.7/10	MS	0					
24	FUNERAL DIRECTOR	Son 8802 HARTON	5 /	2Sa. REC'D BY F	REGISTRAR 2Sb REGISTRAI	R'S SIGNATURE						
1	IAS 1. EVAINITO	ion as a flate our	100	DATE NUV	19 1968 Ka	liantes for	-					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may be funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV 1/68-



## MARYLAND STATE DEPARTMENT OF HEALTH

15590

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and completely filled in the file and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept of Health pror to bur all, cremotion, or removal, and many event, within 72 hours after Leath.

VR A15 (4) 45M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

death

be executed within 24 h

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15600

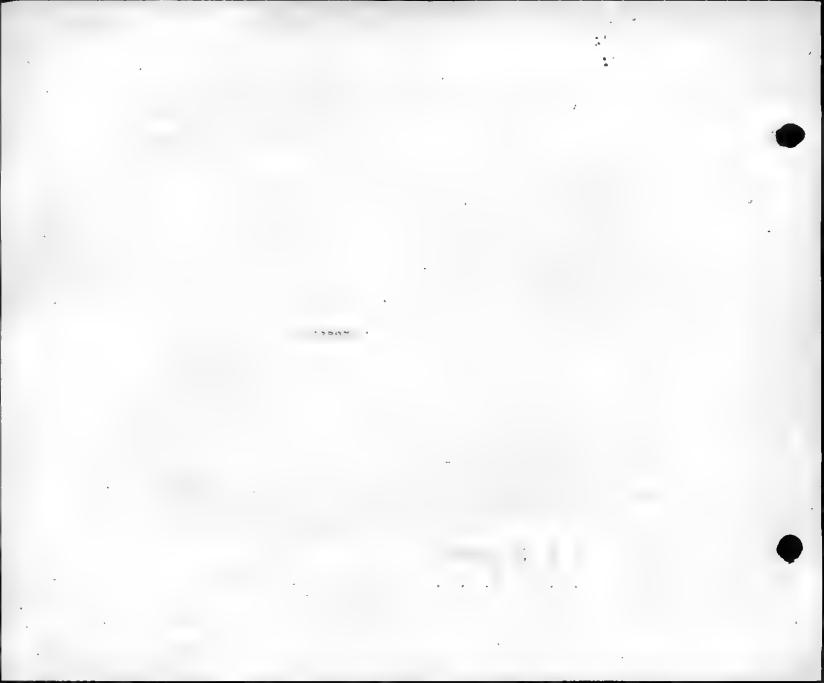
			CEKI	IFICATE OF DEA	NI H			0 0 ,	Fungir			
	DECEASED NAME First		Middle	Lost	20	DATE OF DEATH			2b HOUR			
1	(Type or print) MARI	ANNE		KUTRIK		NOVEMBER Month	Doy.	1968	11:25			
3. 5	EX	4. RACE		S. DATE OF BIRTH		6 AGE (In years		UNDER I YEAR	IE UNDER 24 HRS			
	FEMALE	WHITE		SEPT. 30	. 1921	L lost birthdoy)	YRS, MO	NTHS DAYS	HOURS MIN			
70.	BIRTHPLACE (State or foreign	76. CIT ZEN OF WHA	T COUNTRY? 8 MA	RRIED NEVER MARRIED	9 00	OUNTY OF DEATH						
COU	BALTO, MD.	U.S.A.		OWED DIVORCED		BALTIMORE			Md			
10	CHT OR IOWN OF DEATH		NE OF HOSP TAL OR INST TUTIO			CUPATION (Kind of work de		12b KIND OF B				
	TOWSON 4			SPITAL	ring most of	working life, even if retire		INDUSTRY				
l 3a odm	USUAL RES DENCE (Where deceose riss on) STATE MARYLAND	13b COUNTY		ITY OR TOWN 13d INSI	DE CITY LIM TS?	Box 301 A F	PERI IORN.	RY HAL	L #28 E.			
14	FATHER'S NAME First	Middle	Lost	IS MOTHER'S MAIDEN N	AME First	Middl	e		Lost			
	Hipoli		Rasinski			Unknown						
160	WAS DECEASED EVER IN U.S. ARM Ye may or unknown) (1 yes give wo	ED FORCES?	6b. SOCIAL SECURITY NO.	17. INFORMANT		Addres						
	NO SIRIOWII)	o de al or salence,	212-16-9558	William Ku	trik 1	ox 301A Hori	nago	Av enu	e			
	18. CAUSE OF DEATH (Enter onl		for (o), (b), ond (c).)						SET AND DEATH			
	PART I DEATH WAS CAUSED IMMEDIA											
	/1/X											
	Conditions, if ony, which gove											
	rise to immediate couse (o) ( stating the underlying couse)											
	lost.	(c)										
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE OR CONDIT	DON G VEN IN PART I(o)		-				
2	1 (4 .											
CERTIFICATION	90. DATE OF OPERATION 196 (	ONDITION FOR WHICH	H OPERATION WAS PERFORME			20b IF YES, WERE FINDIN	GS CONS	DERED IN CEL	RTIFYING			
RIF					ио 🙀	CAUSES OF DEATH?						
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		NJURY Month Doy Yeor	rt 2, Iterr	18)							
MEDICAL	(If either, notify medical examin	er) P.M.	19									
M	21dN.L.RY OCCURRED While of work of								Stote			
	22a. I certify that (I) (this	22g   certify that (Matthis hospital) attended the deceased from 10-31- 1968 to 11-9- 1968 that 20 (was less										
	saw the deceased of	saw the deceased olive on <b>November 9</b> . 19 68, and that in <b>tary)</b> (our) opinion death occurred on the date and hour and fram the causes stated above, (本 (ye) (did) (did not) view the bady after death.										
	22b. SiGNATURE	, (a) (we) (ala) (a	id not) view me bady o	mer dedin.				E SIGNED				
	neas	Vidle	1 aplum_	DEOREE ATTENDING PHYS.	MED DIRECTO	CTAFF /		mber 9	,1968			
	22d. PHYSICIAN S NAME (Type Lucas V	idhvaphum	M.D.	22e. ADDRESS 7620 YO	RK ROA	AD, TOWSON 4.	MA	RYLAND	-			
230	BURIAL CREMATION. 23b D		23c NAME OF CEMETER			LOCATION (City or Town)		(ounty)	(Stote)			
	PEMOVAL (Specific)	-13-1968		ry Cemetery		Baltimore	,		Md.			
	FUNERAL DIRECTOR	1 .	ADDRESS		REC'D BY REG		ARSSG	NATURE				
	1. CCG/24 7 1/	11	2401 Bal	11 Cd NIT	MOVE 1	2 4000 00			140			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1566. 15591 CERTIFICATE OF DEATH figheral 1 and 2 death. Middle 20. DATE OF DEATH **DECEASED-NAME** 2b. HOUR ecuted within 24 haurs after death. (Type or print) 30 Month C Doy YVnoux 3. SEX RACE S DATE IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdow) MONTHS HOURS COUNTY OF DEATH 7o. BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED Baltimore Maruland WIDOWED [ DIVORCED [ rsiciómand completely filled please remave carban pap 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY give street address) Baldwin 0. 130. JSUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Baldwin ldwin 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost physician and andin Jackson Kule Katie Cullum Lee 160. WAS DECEASED EVER IN JS ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, ga, ar unknawn) ar remaval, **ATTENDING PHYSICIAN:** The law requires that the death certifi the attending phy APPROXIMATE HTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) cremation, DUE TO, OR AS A CONSEDUENCE OF signed by the burial-transit p Conditions, if any, which gove } rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been as the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 USe NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ę OR CONTRIBUTING CALISE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, IN, JRY OCCURRED State City or Tawn County While Nat while at work 70001 22a | certify that (1) (this haspital) attended the deceased from OLA \_19 \_\_\_\_fand that in (my) (aur) opinion death occurred an the date and haur and fram the saw the deceased alive on\_ be retained phonia couses stated abave, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED 22b SIGNATURE DEGREE ATTENDING STAFF PHYS. director, page shauld be filed PHYS DIRECTOR Page 4 may 22e. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify) Methodist Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) K Sons, Towson, **NOV 14** 



15598 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 DECEASED-NAME 2a DATE KNOWN Day (Type or Print) OF ESTI-G.F. Jackson Lambert DEATH MATED 19 64 IF JHDER 24 HRS 4 RACE 6 AGE (in years east birthday) S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pue MONTHS 10/23/05 Male Cau. YRS 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Md. U.S.A. WIDOWED | DIVORCED [ Baltimore Co. IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR g ve street address) R during most of working I fe, even if refired)
Painter Self-employed Hampstead 13a USUAL RESIDENCE (Where deceased I ved, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Baltimore Hampstead adm ssion) STATE R.D. 2 YES NO TE pencil in Herorts. 14. FATHER'S NAME Last 15. MOTHER 5 MA DEN NAME First Lambert Susie James Alban 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give wor or dates of service) 216-10-2869 Dorothy Lambert Hampstead APPROX MATE INTERVAL within 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH 20 min. (est IMMEDIATE CAUSE (a) Gunshot wound head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Mental Depression unknown rise ta mmediate cause (a) writing the ward DUF TO, OR AS A CONSPONENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO X 21b. TIME OF INJURY Month, Day Year 21g. EXTERNAL CAUSE WAS 21c HOW INSURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOURAM. 11-26 19 68 CAUSE OF DEATH 21e PrACE OF INJURY (At hame, farm, street factory, affice building, etc.) 21d INJURY OCCURRED 21f LOCATION Street or R F.D. No City or Town Caunty State WHILE NOT WHILE AT WORK AT WORK Brick Store Rd. Hampstead Balto Md. 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection x, Inquiry x, and in my apinian Natural causes Accident Suicide A Hamicide Undetermined manner death resulted fram CHIEF MEDICAL EXAMINER ACTUAL 225 DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUT **EXAMINER'S** 5 may ro Fune Health D. D. Caples, M. D. 6 Hanover NAME (Type) 23a. BUR AL (REMATION, REMOVAL (Specify) Bueia 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) 11/29/68 Hampstead Cemetery Hampstead Carroll 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 324 N. Main St. DATE DEC 2 John E. Goff Funeral Home Hampstead, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10094	CE	RTIFICATE OF	DEATH			17
1. DECEASED-NAME - First (Type or print) #ESTE	M.ddle	LARK	/	DATE OF DEATH Month AV	Day 7-1 Year 968	S HOUR
Eemale 4 RACE	V	5. DATE OF BI	10,1891	6 AGE (In years last birthday)	H JRDER 1 YEAR MONTHS DAYS .	IF UNDER 24 HRS. HOURS MIN
country)		MARRIED NEVER MAR	KIED	unty of DEATH		Md
10. CITY OR TOWN OF DEATH  Catonsville	II NAME OF HOSPITAL OR INSTIT give street oddress) Summit Nursi	UTION (If not in haspital	12a USUAL OCC	UPATION (Kind of work of working life, even if retire		
	INTY _	Arbutus	YES NO NAME First	13e STREET AND NUMBER 1227 Linde	n Avenue 2	21229
Edgar	Ingram			Jnknown)	le	TO21
16a. WAS DECEASED EVER IN U.S. ARMED FORCEST Yes, no. or unknown) (If yes give wair or dates of se	16h SOCIAL SECURITY NO	17. INFORMANT			S Baltimore	
Conditions, if any, which gave rise to immediate cause (a).  stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CO.	O, OR AS A CONSEQUENCE OF b) O, OR AS A CONSEQUENCE OF (c)	RELATED TO THE TERMINA	D SEASE OR CONDIT	ION GIVEN IN PART I(a)		
210 ACCIDENT WAS UNDERLYING 216	FOR WHICH OPERATION WAS PERFO TIME OF INJURY R.A.M. Month Day Year	YES _	NO 🗌	20b. IF YES, WERE FINDING CAUSES OF DEATH?	- Martin - Martin Marti	RTIFYING
at work of work	P.M 19 NJURY (AT HOME FARM, STREET, FACTOR OFFICE BUILDING, ETC.		1 /-	City or Town	Caunty	Stote
22a I certify that (I) (this hospital sow the deceosed olive on couses stated obove, (I) (we)	ntended the deceased 199 (did) (did not) view the bo	dy after deoth.			22c. DATE SIGNED	
22d. PHYSMIAN'S NAME (Type) I. Earl Pa	for In	DEGREE PHYS.  22e ADD 4001	DIRECTO	Avenue Bal	//-2//-	

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

New Cathedral Cemetery

23d LOCAT ON (City or Town)

250. RECD BY REGISTRAR DATE U. ~ 5 1968

Baltimore City,

(State)

Baltimore Md.

(Caunty)

256 REGISTRAR S SIGNATURE

VR A15 (4) 30M REV 1688

BURIAL, CREMATION,

REMOVAL (Specify)
Burial

FUNERAL DIRECTOR

23a.

23b DATE

11-23-68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 ho

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be ex

O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital ar attending physician.

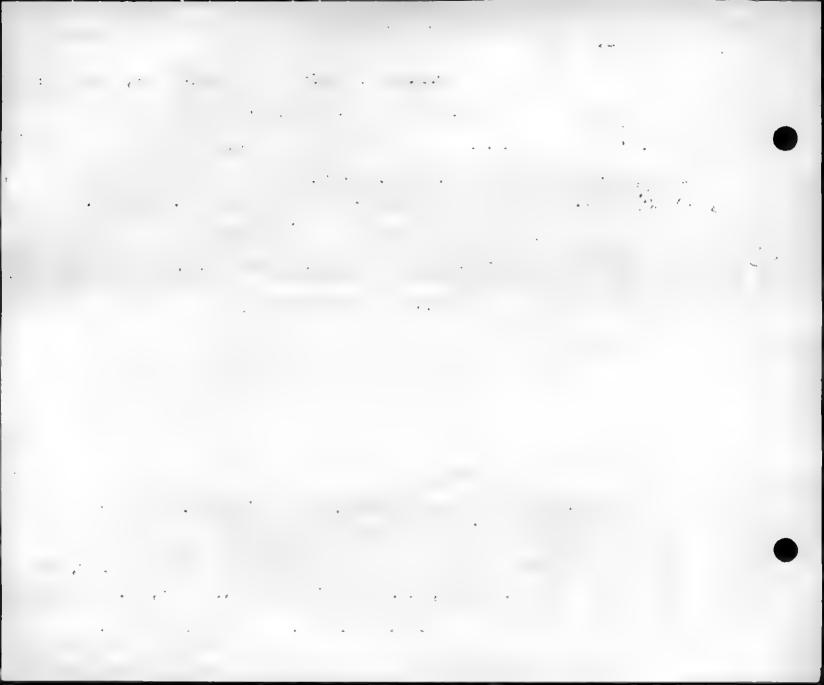
hin 24 hours after death.

filled 'n

the attending physician and chapterly filled in sit permit. Then please remove carban papers



Items 18 Film 409 2-10-02 MARYLAND STATE DEPARTMENT OF HEALTH



15595 ond completely filled in by the funeral remove corbon papers. Rages I and 2 in any event, within a paper of the death. be executed within 24 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete director, page 3 should be detoched for use as the burial-transit permit. There places remove cork should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

'O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

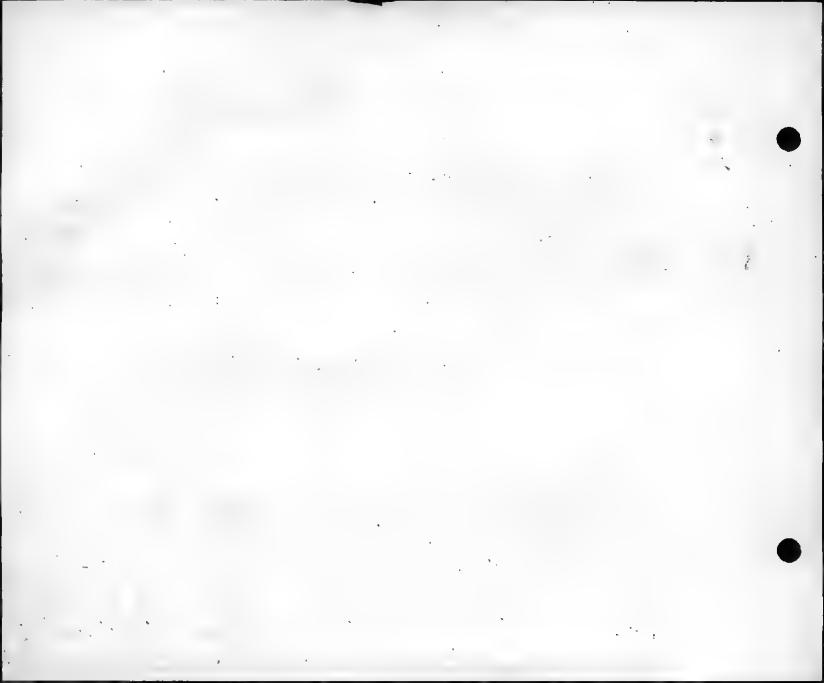
Page 4 may be retained by the hospital or ottending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15607

_ ~ £	1	DECEASED-NAME	First		Middle		Last		2a DATE OF				2b HC	UR A
tunerol 1 ond 2 er death.		(Type or print)	Char	les	Irvin		Leaf			Month	105	88	4:0	)5₩
e – tr	3.	SEX		4. RACE			5. DATE OF BIRT			6. AGE (In year	~	UNOER 1 YEAR	IF UNDER 24	HRS.
the fu	ı	Male			White		Oct	30, 1	886	lasb thday)	YRS	OAYS .	HOURS	MM
3	70	BIRTHPLACE (State or f	oreign 7	b. CITIZEN OF V	WHAT COUNTRY?	B MARRI	ED NEVER MARR!	ED KÅ	9. COUNTY O					
4 E	(0	white Maryland		Unite	d States	WIDOW			Ba	altimore	€			Md
# 8 E		CITY OR TOWN OF DEAT	Ή	11.	NAME OF HOSPITAL OR INS	TITUTION (	If not in haspital	12a USUA	LOCCUPATION	(Kind of work	dane	12b. KIND OF E	BUSINESS O	R
¥. g.w		Baltimor	e	grv	e street edgress) Shangri-	La		during mo	ist of warking	life, even if reti	red.)	INDUSTRY		
ond completely e remove corbon lin any event, wit	13	STATE (WH	ere deceased	lived if institu	utian. Residence before	13c. CITY		d INSIDE CITY LIA		REET AND NUMBI		, 1		
ev ev	/ [00	mission) STATE Mar	yland	13b COUNTY	Baltimo	re B	altimore	YES NO	$\sqrt{33}$	13 C/10	51n	1141	10	
cian ond constant	14		rst	Middle	Last		IS MOTHER'S MAIL			Midd	dle		Lost	1
de de	L	Cor	neliu	S	Lea			Ch	ristit	10		KJ	limpe	rŢ
	16	a. WAS DECEASED EVER I		D FORCES? or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT	_		Addr				
by the ottending/physician tronsit permit. Then placs' cremotion, or removal, and	<b>V</b>	//es, na, or unknawn)	. , ,		2150766	96	Shangri	-La		333 Ha	arle	The state of the s		
e E	П				line far (a), (b), and (c)	)	D .		0 0	7 1	_	BETWEEN ON	nate interva. NSET ANO OEA	тн
ottendi ermit. on, or r	П	PART I DEATH V	IMMEDIATE	E CAUSE (a)		MCU	le My	, ecen	roli el	من ابدا	rcl			
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the not	Т	Conditions, if any, w		(b)	/3	SC	-00							
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			AUSE OF DEATH	HOUR A.M	i. Month Day Year	210	. ROW INJURT OCCU	KKED (EUIBI	nature of inju	ary in ron i of r	un z, men	п 16.)		
r of	Chick	(If either, notify med 21d IN. JRY OCCURR					HOUTATION Francis	es D.E.D. Mar	Celo	or Town		County	Sta	ré n
this certi detoched e Dept. of		While   Nat while	1 216 7	DACE OF INJUKT	( AT HOME, FARM STREET FAC OFFICE BUILDING, ETC.	211	FOCKLION 2116BI	ar K.r.D. Na.	City	or lown	'	COUNTY	310	18
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₹ 5° 1		22d. PHYSICIAN'S NAME (Type)	CESAR	VALLE	*CAVERO		22e. ADDRE	8629	Liber	ty Road	3			
O FUNERAL DIRECT drector, poge 3 sh should be filed with	-					CP LLEVED.	On COLUMNIA						16	
drec Short	23	BURIAL CREMATION, REMOVAL (Specify)	23b. DA	15-	68 (2620	CEMETERY 1	OR CREMATORY		C/A	ON (City or Town	1	(County)	(Stote)	120
<b>—</b>	12	FUNERAL DIRECTOR	1//-	- 10	ADDRESS	1//	C/11 (212	Sq. REC'D BY	Y REGISTRAD	2Sb. REGIST	IRAP SIG	ENATURE	Laj	4/1/
VR A15 (4) 30M REV. 178	{[f	Russell	1000	1/1.	12/1/	1h		DATE	4.5	1	Jana 6			
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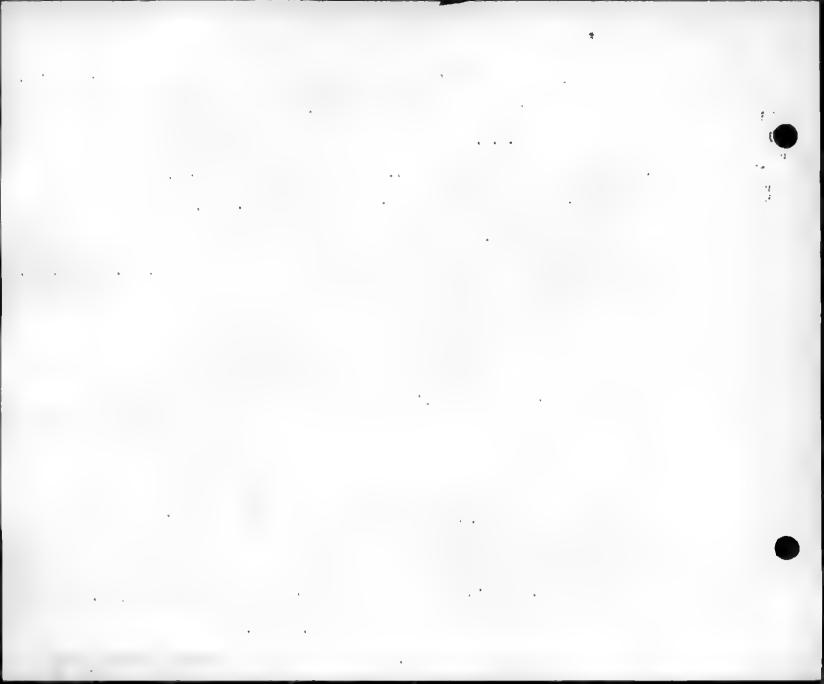
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15668 15598 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR by the funeral Pages 1 and 2 after death. executed within 14 hours after death (Type or print) Month 3. SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR AGE (In years IF JNDER 24 HRS last birthday) DAYS HOURS 7o. BIRTHPLACE (State or foreign CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED country) WIDOWED IS DIVORCED NAME OF HOSP TAL OR INSTITUTION (If not in haspital 10 CITY OR FOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** carban 130 USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY/OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First 17 INFORMANT requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) phy APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 
 PART I. DEATH WAS CAUSED BY: signed by the attending burial-transit permit. Th BETWEEN DINSET AND DEATH IMMEDIATE CAUSE (a) ITUS URCERS Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b the haspital ar attending O FLINEKAL BIRECTOR: After this certificats has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO 🔀 far use State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached (AT HOME FARM, STREET, FACTORY.) 21F EOCATION Street or R.E.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City of Town Caunty While Not while at wark TENDING 220. I certify that (1) (this hospital) attended the deceased from 19-12, 19-12, 19-12, 19-12, 19-12, that (1) (we) lost saw the deceased olive on 19/1, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death be retained director, page 3 shauld shave be fried with the 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22a. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV 1/68



15609 15597 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#6 Film#G407 12/4 DECEASED NAME First 2a. DATE OF DEATH 2b HOUR (Type or print) Month 25 Day 65 Year FARL 7:40 PM AMES 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) JE UNDER I YEAR IF JNDER 24 HRS. Oct 5 - 1886 DAYS executed within 24 hours oft 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH d campletely filled in by emave carban papers 8. MARRIED THEYER MARRIED USA 115A-BALTIMORE WIDOWED [ DIVORCED [ 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR HIME during most of working life, even if retired.) INDUSTRY give street address) TEWSON NURSIMA DENTISTRY 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if 'nstitution: Residence before 113c, CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 109 LINDEN 14. FATHER'S NAME M.ddle Inst 15. MOTHER'S MAIDEN NAME First McGraw ESLIE -AMES please Address requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, na. or unknown) 2 9-38-4008 Family records signed by the attending plfy burial-transit permit. Then burial, cremation, ar remaval APPROXIMATE INTERVA-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH neomonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) erebul artiriosclerasis starkinsono Diseas rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO TI Page 4 may be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter noture of injury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. 1 certify that (1) (this haspital) attended the deceased from Aug., 1960, ta 1125, 1960, that (1) (we) lost saw the deceased alive an 11-22 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the 1960, to 11-25, 1965, that (1) (we) lost director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR ATTENDING MED DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYTICIAN 35015+ Paul ST NAME (Type) KANKLIN 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION Julaney Valley Memorial REMOVAL (Specify) Cockeusville. DANOV 2 7 1968 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John Burns Sons. 30M REV. 1/68 Towson, Maryland

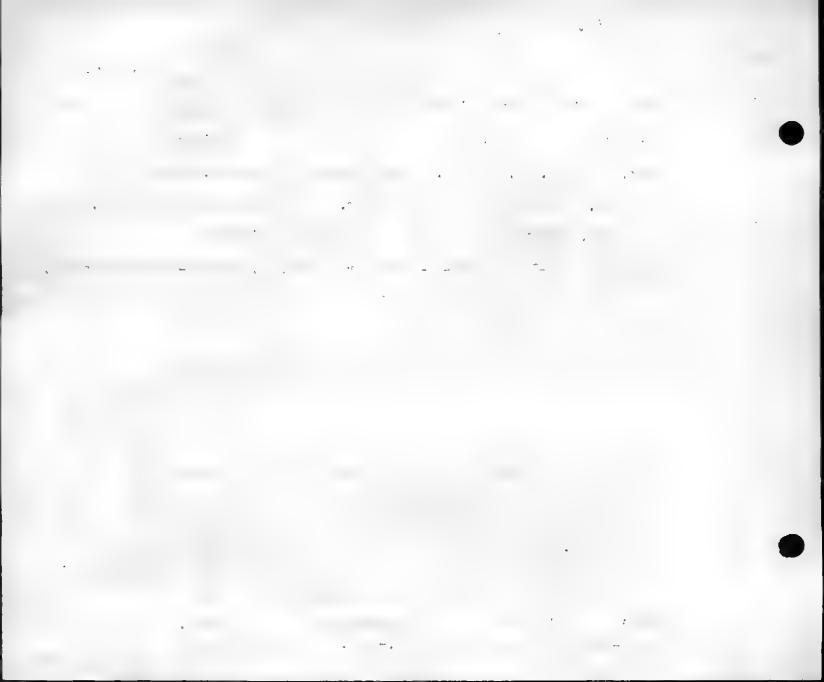


1		CERTIFICATE OF DEATH									
	)		CEASED-NAME First ype or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR				
8 8 8	/		MIRAM	NEWTON	LEWIS	November 8	1968 9:a.				
fer fred fred	-	3 58		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF LINDER , YEAR F JNDER 24 HR				
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yd 1		70 !	BIRTHPLACE (Stote or foreign 7b	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH					
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oe Esecuted within 24 hours after death and comprehely filled in by the funcion remave carban papers. Pages I and in any event, within 72 hours after death	1 11		t. Noward	gwe'terdigess Ada		AMG (Bie Makeleg)	INDOSEKT				
squires that the death certificate be especused physican. signed by the attending physician and comprete burial-transit permit. Then please remave carburial, crematian, at remaval, and in any event,	1.1	13o. odmi	USUAL RESIDENCE (Where deceosed ssion) SATE yland	lived, if institution Residence before 13b. COUNTY Carroll							
					New Windsor YES NO						
and rem nan	<u> </u>	14 1	ATHER S NAME First Newton	Middle Lost  A. LEWIS	15 MOTHERS MAIDEN NAME FIR		Lost				
ate be ician o lease and ir		160	WAS DECEASED EVER IN U.S. ARMED		Dolly Per	-					
ficat ysici ple		100. Y	es, no, attinknown) (If yecove word)		71 62 Clinical Rcds	Address	Wassand Md				
e death certificate b attending physician bermit. Then please an, ar remaval, and i						VA ROSPICAL, FL	AFPROX MATE NTERVAL				
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that an by th transi			rise to immed are cause (a) ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	HEART FAILURE		MONTHS				
es t			storing the underlying couse		EROSIS HEART DISEAS	F.	YEARS				
ohys igne uric			PART 2. OTHER SIGNIFICANT CONDIT		T RELATED TO THE TERMINAL DISEASE ORCO		T 77 17 17				
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ttending as been as the as the		ATIO		IDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING				
The aft of the se of the p	-/-	CERTIFICATION			YES 🔏 NO	CAUSES OF DEATH? YES					
AN: The		L CEI	210 ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter I	noture of injury in Port 1 or Port 2,	Item 18)				
日油油です		DICA	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M Month Day Year P.M 19							
DING PHYS by the has liter this ce be detache State Dept.		W	21d INJURY OCCURRED 21e Pt/	ACE OF INJURY ( AT HOME, FARM, STREET, FACTION OFFICE BUILDING, ETC.	ORY.) 21F LOCATION Street or R.F.D No.	City or Town	County State				
det The			of work of work								
Star by Star b			22a. I certify that (this )	haspital) attended the decease	d from Nov. 5 , 19 68 68, and that in (nov) (our) apin ady after death.	3_, ta	_ <b>68</b> _, that ( <b>X</b> (we) la				
ATTENDI stained by CTOR: Aft shauld by ith the St			causes stated abave, a	k (we) (did) (did) (view the b	ady after death.	ian death accurred an the do	ate and hour and fram fr				
			22b SIGNATURE			720	DATE SIGNED				
OR ber DIRE			AHall	South Will	DEGREE PHYS ME	ECTOR PHYS [3]	11/9/68				
TAI AI AI DAG	1		22d PHYSICHANS MARIO P	OTT PAG V D	22e ADDRESS						
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file				QUIROS, M.D.		al, Fort Howard,					
Fire directions in the control of th	1	230	BUR AL, CREMATION, 23b DATE PERSONAL (Specify) 11			23d LOCATION (City or Town)	(County) (Stote)				
5 5 (	Tr.		FUNERAL DIRECTOR	ADDRESS	MEMORIAL PARK CEM		oll Md.				
VR AIS (	69			ME, WINFIELD, MD.			was lucke				
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10M REV. 1/68





## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13614

CERTIFICATE OF DEATH

					LEKTIFIC	AIE OF DEATI	П						
	CEASED-NAME (pe or pont)	rank		Middle B.		Long		DATE OF D	Manth 22, Day	Y 68Yeor	2b, HOUR		
3. SEX	Male		4. RACE	White		s. DATE OF BIRTH August 19,			6. AGE (In years last birthday) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.		
cayn)	RTHPLACE (State or IZL City T TY OR TOWN OF DE Vings Mil	a.	76. CITIZEN OF WH	ME OF HOSPITAL OR INStreet oddress)	WIDOWED TITUTION (If no	tin hospital 120 E	SUAL OCCU	JPATION (	inore Kind of work done		M-F BUSINESS OR		
13a 1		here decease		on Residence before	13c CITY OR			13e. STRE	et and nymber Bradoury				
14. FA	ATHER'S NAME W.	First Liam	M ddle	Long		MOTHER'S MAIDEN NAM	NE First		Middle	Har	lgsi SCA		
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no/ptyniknown) (14 yes give war or dothes of service) 185-10-8341 Mr. Villiam W. Long Owings Mi										Us, Md			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cerebral thambosis  DUE TO, OR AS A CONSEQUENCE OF  Condutions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  (b) Anterioscleratic (V. disease, with cerebral years lost.												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY?  YES NO 🔀								20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
₹	21g. ACCIDENT WAS  OR CONTRIBUTING [ [If either, notify me	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Doy Year	,	W INJURY OCCURRED (E		of injury	in Part 1 or Part 2,	Item 18.)			
	21d. INJURY OCCUR While Not while of work	· 🗆	,	OFFICE BUILDING, ETC	1	ATION Street or R.F.D.			r Town	County	Stote		
	saw the d	eceased ali	ve an Uct	nded the decease 15 (5) view the	9.68, and	that in (my) (out) eath.	9 <u>0/</u> , apinian d	ta <u>/¥c</u> death ac	curred an the do	00_, that ite and haur	and from th		
L	226. SIGNATURE    No. 1												
230	BURIAL, CREMATION PEMOYAL (Specify)	23h D		23c. NAME OF	CEMETERY OR (		23d.	LOCATION	(City or Town) wrsville	(County)	(State)		
24 F	F. Elin			ADDRESS sterstown,		2Sa. REC	D BY REGIS	STRAR	2Sb. REGISTRAR S		del		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hyystian and campletely filled in by the fy director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after the should be filed with the State Dept. VR A15 [4] 30M REV. 1/68

FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

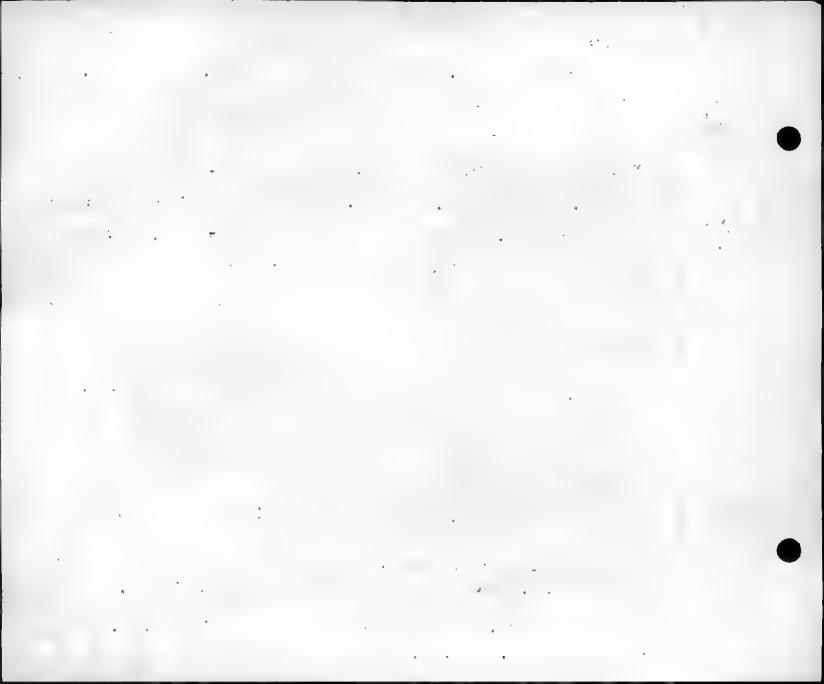
Page 4 may be retained by the hospitol or attending physician

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15615

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eath.		ECEASED NAME Type or print)	First RUTH		Middle E	LY	NCH Lost		20. DATE OF NOV .		1 <b>1968</b>	25. HOUR 1 P.M
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2 hours	7a. 1	BIRTHPLACE (State or http) Maryla		. CITIZEN OF WHAT	COUNTRY?	8. MARRIE	D 🔲 NEVER MAR		9. COUNTY OF			Med
within	10. (	PARKVIL		also 3.6	OF HOSPITAL OR INS	ntution (i	rat in haspital	12a USUA during me	L OCCUPATION	(Kind of work dans	12b. KIND OF	F BUSINESS OR
event,		USUAL RESIDENCE (W	here deceased	lived, of institution- 13b COUNTY Ba	Residence before	Balt	OR TOWN	YES NO		REET AND NUMBER  5 Lavender	r Avenue	)
לווט מוזי	14		isi enry	Middle B •	Lynch		15 MOTHER'S MA		<sup>irst</sup> <b>2roline</b>	Middle E .	Alber	lost t
, io	16a Y	WAS DECEASED EVER	IN U.S. ARMED (If yes give war or		o. social security n		INFORMANT Miss Mar	garet :	Lynch	Address	(Same)	-17
burial, cremation, or removal, ond in ony event,		18. CAUSE OF DEAT PART I. DEATH Canditions, if any, vise to immediate stating the underly last.	was caused B IMMEDIATE which gove cause (a), ing cause	Y. CAUSE (a)	CONSEQUENCE OF	7-RV.					BETWEEN	SMATE INTERVAL ONSET AND OBJETH
orior to	CERTIFICATION	19a. DATE OF OPERAT	9-72-TF2 ON 196 COM	IDITION FOR WHICH	EROT	Z-C C FORMED	20a. AUTO YES [	VASC DPSY?	20b. IF	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
Stote Dept. of Heolth	MEDICAL CE	21a ACCIDENT WAS  or contributing till either, natify me  21d. INJURY OCCURI While Nat while at wark at wark	CAUSE OF DEATH dical examiner) RED 21e. PL	HOUR A.M. N. P.M.  ACE OF INJURY (AT 1)	lanth Day Year 19 Home, farm, street, fact Ice building, etc.	ORY,) 21f.	LOCATION Street	et ar R.F.D. Na.	City	ry in Part 1 or Part 2, or Town	Caunty	State
with the		22a. I certify that (I) (this hospital) attended the deceased from, 19, 19, 19, 19, 19, 19										
should be filed		22d, PHYSICIAN'S NAME (Type)		P. Berger		1/	GREE PHYS. 22e. ADD		8100 H	PHYS. L. [arferd Rd	•	
Shoul		BURIAL, CREMATION, REMOVAL (Specify)	23b. DAT	21/68.			or crematory		Bal	N (City or Town) timore, M		(State)
15 (A) V 1/68	24 I	FUNERAL DIRECTOR CONTROL J.	Ruck,	Inc. Bal	to. Md.	2121		2So REC'D, B	Tregistrige	8 25b PRESISTRAR	SAGNATURE	74



MARYLAND STATE DEPARTMENT OF HEALTH 15617 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15604.CERTIFICATE OF DEATH 1 DECEASED-NAME M.ddle last 2a. DATE OF DEATH be executed within 24 haurs after death (Type or print) Month 12 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthaay) HOURS 7a BIRTHPLACE (State ar foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED ve carban papers. ( event, within 72 ha WIDOWED X DIVORCED completely filled NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) INDUSTRY remave carban HANLYRI-LA 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c, CITY OR TOWN 13d INSIDE CITY UMITS? admission) STATE 13b. COUNTY YES [ Irvington signed by the attending physician and co barial-transit permit. Then please remo burial, cremation, or remaval, and in any 14 FATHER'S NAME Eirst Middle 15. MOTHER S MAIDEN NAME First Last last 50077 MES The law requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknawn) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) . BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached for use as the State Dept. of Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dg. AUTOPSY? CAUSES OF DEATH? YES [7] NO [TT O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 6/21, 1957, to 11/29, 1968, that (I) (we) last saw the deceased alive an 11/29, 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DEGREE PHYS. 22d, PHYSICIAN'S 22e, ADDRESS NAME (Type) now 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BURIAL, CREMATION, 23b DATE (County) 25a. REC'D BY REGISTRAP 68 256 PEGISTRAR'S SIGNATU ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 21228



and 2

filled in N

leath.

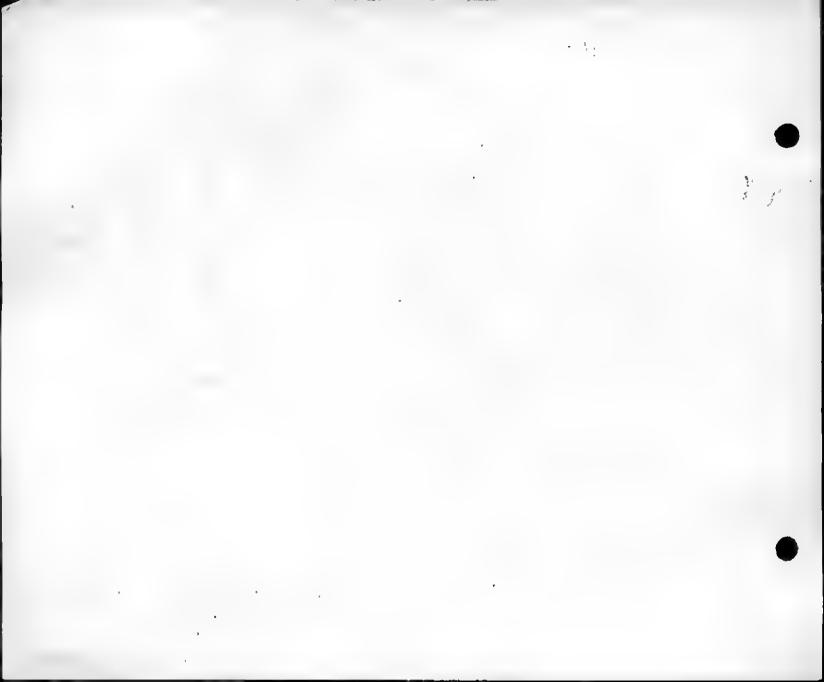
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the bural-transit permit. Then please remove exhant papers, shauld be filed with the State Dept. af Health priar to bur all, cremation, ar removal, and in any event, within 72 h

CERTIFICATE OF DEATH

			FILTIN	CAIL OF	PLATI							
1 DECEASED-NAME (Type or print)	First	Middle		Lost		20.	DATE OF DEATH	24		2b, HOUR		
	Scott	Anthony		Maki			Mont	1968	3 240 A			
s. SEX	4. RACE			S DATE OF	BIRTH		6 AGE (		FUNDER YEAR	JE UNDER 24 HRS		
Male	Whi			June	24, 1	1968	ost birt	hdoy) A	MONTHS DAYS	HOURS MIN		
70 B.RTHPLACE (Stote o	r foreign 7b CITIZEN	OF WHAT COUNTRY?	8 MARRIE	D 🔲 NEVER MA	ARRIED 🔀	9 COI	UNTY OF DEATH					
Maryland	U.S	.A.	WIDOWE		ORCED 🗌	Ba	altimore,			M		
10 CITY OR TOWN OF D	EATH	II NAME OF HOSPITAL OR INS	II) NOLTUT T	f not in hospito	120 US	UAL OCC	UPATION (Kind of	work done	126. K ND OF E	BUSINESS OR		
Towson		grye street oddress) St. Joseph I	Hospi	tal	dating	most of	working life, even	if ret red )	INDUSTRY			
13o. USUAL RESIDENCE ( odmission) STATE	Where deceased lived, if it	estitution. Residence before	13c (HTY (	OR TOWN	13d INSIDE CITY		13e STREET AND		-			
Maryland	180 (00	NTY	Balt:	imore	YES	NO 🗌	1708 W.	Roger	s Ave.			
14 FATHER S NAME	First Mic	ldle Lost		15 MOTHER S !	NAIDEN NAME	First		Middle		Lost		
					(	[aro]	L	Lee	Heat	terick		
160 WAS DECEASED EV! Yes, no, or unknown)	R IN U.S. ARMED FORCES? (if yes give wor or dates of serv	16b. SOCIAL SECURITY N	0 17	INFORMANT				Address				
1B. CAUSE OF DE PART I. DEAT  7 42 X Conditions, if ony,	H WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	OR AS A CONSEQUENCE OF	pathy							ATE INTERVAL SET AND DEATH		
rise to immediat stoting the under last.	e couse (o).  Output  DUE TO	Internal ) OR AS A CONSEQUENCE OF				R (ONDIT)	ON GIVEN IN PART	1(o)				
= 752 x												
190 DATE OF OPERA	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONCAUSES OF DEATH?								ISIDERED IN CEI	RTIFYING		
를 (If either, notify m												
While Not wh	ile 🔲 📗	URY ( AT HOME FARM, STREET FACT OFFICE BUILDING, ETC	/	LOCATION Stri			City or Town		County	Stote		
sow the d	22a. I certify that (K (this haspital) attended the deceased from 10/8/, 19 68, to 11/24/, 19 68, that (4) (we) last sow the deceased alive an 11/24/ 19 68, and that in (my) (our) apinion deoth occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.											
22b. SIGNATURE	DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 12/											
22d. PHYSICIAN'S NAME (Type)	Ines Cillis	mi, N.D.		22e. AD		rk R	d., Towso	Md.	21204			
230 BUR AL CREMAT OF REMOVAL (Specify)	23b. DATE 1	8 Par NAME OF C	EMETERY O	R CREMATORY	Rool	13	COCATION (City or	orl V	(County)	(Stote)		
24. FUNERAL DIRECTOR	, .	ADDRESS	•		250 RECD			REGISTRAR'S SI	4			
					DATE DE	EC 1	6 1968	Julian	May Jun	4		



DATE

DEATH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15630

ERTIFICATE OF DEATH

				CKIII	ICATE OF	DEATH						
	DECEASED-NAME - First	* .	Middle		Lost		20. DATE OF		D V	2b. HOUR		
'	(Type or print) Wille	am	me		rens	-	Ma	Month	Day Year	8/8:30 A		
3 9	SEX .	4 RACE			S. DATE OF BI	RTH	,	6. AGE (In years	IF UNDER LYEAR	IF UNDER 24 HRS.		
	M	N	/		WAN	, /	895	lost birthdoy)	RS. MONTHS DAYS	HOURS MIN.		
70.		76. CITIZEN OF WHAT	COUNTRY?	8. MARRI	ED NEVER MAR	RIED X	9. COUNTY OF	DEATH		<del></del>		
COL	Balto. Md.	USA		WIDOW		CED 🗍	Ba]	timore		M		
	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	TITUTION (	If not in haspital			(Kind of work do		F BUSINESS OR		
R	eisterstown	give stree	<sup>t oddress)</sup> nt N	ursi	ng Home	during me	CTOPYCKing	t Produc	e Termin	al		
130	. USUAL RESIDENCE (Where deceose	d lived, if institution:	Residence before	13c CITY	OR TOWN	13d. INSIDE CITY LI		REET AND NUMBER				
aan	nission) STATE Md.	13b. COUNTY	1/	Bal	to,	YES NO	260	0 Greenm	ount Ave			
14	FATHER S NAME First	Middle	Lost		IS. MOTHER'S MA			Middle		Lost		
	John T.		Mannin	g		Ali	Ce			O'Hara		
	o WAS DECEASED EVER IN U.S. ARME Yes, na or unknown) । (। ध्रमुक्काण्य प्रा	ED FORCES? 166	o. SOCIAL SECURITY N	0.	7. INFORMANT			Address	1.5	21218		
L	yes W.W.	1	none		Mrs. Ma	rgaret	F. Sev	erin 972				
	18. CAUSE OF DEATH (Enter anly		fr (α), (b), and (ε).)		R	9.	11	n		X,MATE INTERVAL ONSET AND DEATH &		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thermore - right lung 3 doing											
	DUE TO, OR AS A CONSEQUENCE OF											
1	Conditions, if any, which gave) (b) Emphysen - Edronic Jean											
	nse to immediate couse (a) DUE TO, OR AS A FONSEQUENCE OF											
П	(a) allernocleralia ( Viseane - Chrone Gara											
П	PART 2 OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATE	TO THE TERMINA	L DISEASE ORC	ONDITION GIVE	N IN PART 1(a)				
8	4221											
3	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINDING OF DEATH?	GS CONSIDERED IN	CERTIFYING		
CERTIFICAT.ON					YES [	1/6-30,						
R .		B 7 - 1 - 1 - 1 - 1 - 1 - 1	IURY Aonth Dov Yeor	210	. HOW INJURY OCC	URRED (Enter	nature of inju	ry in Part 1 or Port	2, Item 1B.)			
MEDICAL	(If either, notify medical examine	er) P.M.	. 19									
٤	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT I	HOME, FARM, STREET, FACT ICE BUILDING, ETC.	iory.) 211	LOCATION Street	et or R.F.D. No.	City	or Town	County	State		
ı	of wark of work											
	22a. I certify that (I) (this sow the deceased all	hospital) oftend	ed the deceose	d from.		<u>6</u> , 19 (			1962, tho			
1	causes stated above,	ve_on(i)\(we) (did) (did	l net) view the	odv oft	er deoth.	A) ( <del>out)</del> ohn	nion deoin i	occurred on the	aore ona nour	and from in		
Н	22b. SIGNATURE		3	10	1	1		13	22c DATE SIGNED	. ~		
	(18)117	eliller	4.42.1	X1B	GREE PHYS		NED.	STAFF PHYS.	11-7-	. 68,		
	22d. PHYSICIAN'S	CINCO COLO		47.6	22e. ADD	RESS / ?	b 4	DI L	1- 1	INIA		
	NAME (Type)				11/90	Heist	Listen	46	stepter	- VILL		
230	BURIAL, CREMATION, 23b. D.		23c. NAME OF C	EMETERY	OR CREMATORY		23d. LOCATIO	ON (City or Fown)	(County)	(Sjote)		
		1/9/68		dral	Cemeter			Balto.		Md.		
	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D B			AR'S SIGNATURE			
	Mitchell-Wiedefe	eld Home 6	500 York	Rd.	#21212	DATE NO	ATAL	968 gc	Janes &	udge		

ithin 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cariptely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within 72 hours at TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

VR A15 A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15621 15608 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH and 2 death. ificate be executed within 24 hours after death. (Type or print) Kenneth MARSTELLER 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years iost birthdoy) MONTHS HOURS Male White October 3 1939 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 📆 NEVER MARRIED country)

Maryland

10 CITY OR TOWN OF DEATH Baltimore, U.S.A. MIDOMED [ DIVORCED physician and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not to hospital 12a USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR St. Joseph Hospital during mart of worth please remove carbon and in ony event, wit Towson 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmiss on) STATE

Maryland 166 COUNTY Pasadena NO DC 313 Delma Ave. 4 FATHERS NAME IS MOTHER'S MA DEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Yes, no, or anknown) 1 (If yes give wor or dates of service) 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic renal failure IMMEDIATE CAUSE (a) signed by the oten burial-tronsit perm buriol, cremation, or Dern DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Chronic glomerulonephritis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the charled he filed with the State Dept. of Health prior to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Chr. pyelonephritis NO [ YES 📆 Page 4 may be retained by the hospital or 216 TIME OF INJURY 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town Stote County While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 9/11/, 19.68, to 11/19/, 19.68, that II) (we) last saw the deceased alive on 11/19/ 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after deoth 226 SIGNATURE 22c DATE SIGNED STAFF PHYS 11/19/68 DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e. ADDRESS Rd., Towson, Md. 21204 NAME (Type) Samuel Lee. M.D. 23d LOCATION (City or NAME OF CEMETERY OR CREMATO 25a, REC D BY REGISTRAR REGISTRAR S SIGNATURE

Pages I and 2

the funeral

	15609 -	DIAISION	OF VITAL RECOR	CERTIFIC			MUKE, MIAK	1LAND 21201	1563	2.,	
	ECEASED-NAME Type or print)	First	Middle		Lost		2a. DATE OF I	Month Day	yv	2b. HOUR	- 4
	U	ULIA	LOUISE	l l	ARTIN		Novemb	er 23	1968	5:45	
3. SI		4. RACE			S. DATE OF E			6. AGE (In years last birthday)	MONTHS DAYS	IF JNOER 24 HR	
	Female		White			8-1899		last birthday) 69 YRS			
70.	BIRTHPLACE (State or forei	gn 7b CITIZEN (	OF WHAT COUNTRY?	B MARRIED	NEVER MA		9 COUNTY OF	DEATH			
	ennsylvania		USA	WIDOWED		ARD. IX	Baltin				Mo
10	CITY OR TOWN OF DEATH		13 NAME OF HOSPITAL ( give street oddress)	OR INSTITUTION (If i	not in hospital			Kind of work dane fe, even if retired)	125 KIND OF INDUSTRY	BUSINESS OR	
	owson #4		St. Jose			Но	memaker	`	INDUSTRI		
adm	USUAL RESIDENCE (Where ission) STATE	deceosed fived, if in /3b. COU!		fare 13c (ITY OF Balti		13d. INSIDE CITY LIFE YES NO		EET AND NUMBER Plainfie	ld Aven	ue	
	FATHER S NAME First	M.d	dle Lo	ost 1	S. MOTHER S N	AIDEN NAME FO	rst	Middle		Lost	Ī
	Christi	an	Schmid	it		Bar	bara		Sche.	11	
	. WAS DECEASED EVER IN U		16b. SOCIAL SECU	IRITY NO. 17	INFORMANT			Address			_
١	res, no or unknown)	hez dina mot at gates at seini	<sup>(*)</sup> 220–22.	-2949	Mrs Ju	Lia L Sr	mi.th	Same			
-	DEATH (E PART   DEATH (E PART   DEATH WAS   Conditions, if only, which rise to immediate coustating the underlying last.  PART 2 OTHER SIGNIFICATION   PART 2 OTH	CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO,  gave) (b)  COUSE (c) (c) (c)	Generaliz OR AS A CONSEQUENC OR AS A CONSEQUENC	ed purul E OFPerfor	ated c	hronic	gastric			MATE MITEVAL	_
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNE	DERLYING 216 TI	R WHICH OPERATION W  ME OF INJURY  A.M. Month Day	21c. H	20a AUT YES <b>E</b>	] NO [	CAUSES	YES, WERE FINDINGS ( OF DEATH? in Part 1 or Port 2,		ERTIFYING	
MEDIC	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City of Work of work of work						or Town	County	Stote		
	22o. I certify that (this hospital) attended the deceased from NOV. 18, 19.68., to Nov. 23, 1968., that (saw the deceased alive on Nov. 23										
	22b. SIGNATURE	rcill	ia_j	DEG	, 1115	U DI	ED.		v. 23,	1968	
	22d. PHYSICIAN'S NAME (Type) Inc	s Cillian	ni,M. b.		22e. AD 76			Towson 4,	Maryla	nd	
230.	BURIAL, CREMATION, PEMOVAL (Specify) BURIAL	23b. DATE 11/27/68		t Hely R		r	1	(City or Town) More, Mar	(County) yland	(State)	

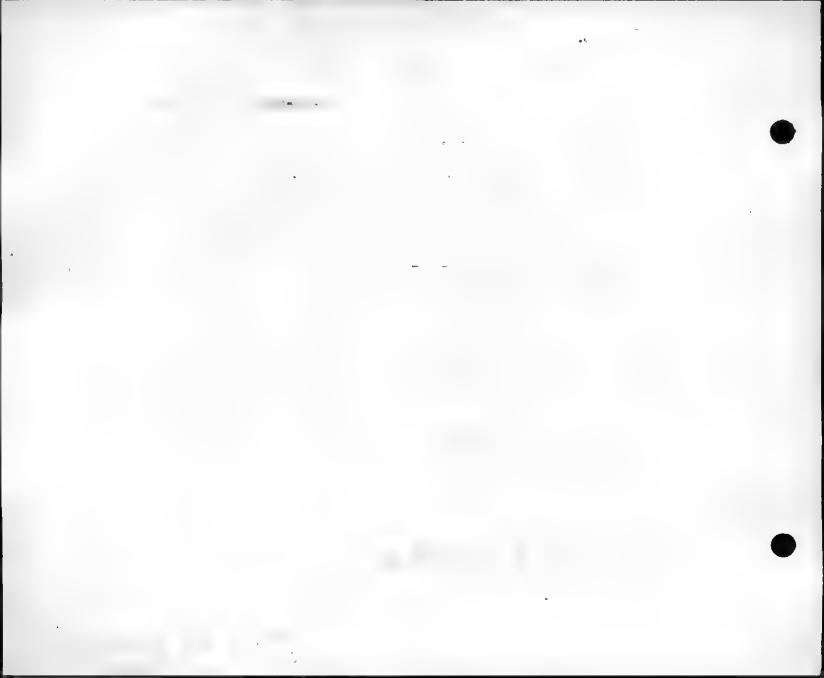
TO HOSPITAL OR ATTENDING PHYSICIAN: The lost requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 means VR A15 (A) 30M REV. 1788

Mest Hely Redeemer 24. FUNERAL DIRECTOR Baltimore, Maryland Leonard J Ruck Inc

2Sq REC'D BY REGISTRAR

Baltimore, Maryland 25b. REGISTRARS SIGNATURE

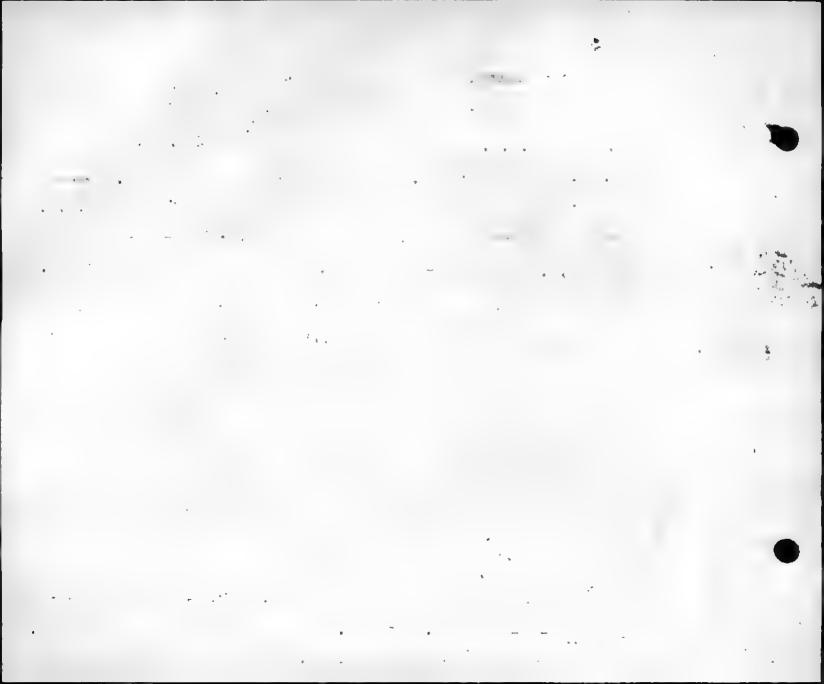




## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	2002,2			CEKIII	ICATE OF DEA	AIH			100	1 20.13
	ECEASED-NAME First		Middle		Last	20.	DATE OF DEATH			2b HO.
(	ype or print) Rob	ert.	Joh	n	Mason	1	November Month	24,	1968	10:4
3 \$		4 RACE			S DATE OF BIRTH		6 AGE (In	years	IF LINDER 1 YEAR	IF UNDER 24
	Male	Wh	ite		Novembe	r 19, 1	1968 lost birthi	σογ) YRS	MONTHS DAYS	HOURS
a	BIRTHPLACE (State or foreign	76 CIT ZEN OF	WHAT COUNTRY?	8 MARRI	ED NEVER MARRIED [	9 00	UNTY OF DEATH			
	Baltimore			WIDOW	ED DIVORCED [		Baltimore			
	Towson	gıv	NAME OF HOSPITAL e street address) St. Jose	ph Hosp	ital	uring mast of	UPATION (Kind of wo working I fe, even f	retired)	126 KIND OI INDUSTRY	BUSINESS OF
13a odm	USUAL RESIDENCE (Where deceosission) STATE M.d.	ed lived, if instit			or Town 136 M	NO NO	13e STREET AND NU			Se
1.4	ATHER S NAME First	V			OTMOTO		4807_A B		e Ave.	
14	Michael	Middle Anth		ost	15. MOTHER'S MAIDEN			Middle		Last
Ián	WAS DECEASED EVER IN U.S. ARM		116b SOCIAL SEC	ullis	7 INFORMANT	rances		leen Address		Mason
100	es, no, or unknown) (If yes give w	rar or dales of service)	TOD SOCIAL SEC	MIEI WO	Hoops.	Ric.		rogress		
	18. CAUSE OF DEATH (Enter an		line for (a), (b), a	nd (c).)						MATE INTERVAL ONSET AND DEA
	PART I. DEATH WAS CAUSED IMMEDIA	) 8Y: NTE CAUSE (a)	Subdura	l and s	ubarachnoid	hemor	rhage			
	1120	DUE TO, OF	R AS A CONSEQUENC							
	Conditians, if ony, which gave trise to immediate couse (a),	(b)								
	stating the underlying cause	, ,	AS A CONSEQUEN	E OF						
	last.	(c)								
	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH 8	BUT NOT RELATED	TO THE TERMINAL DISE	ASE OR CONDIT	ON GIVEN IN PART 1	a)		
NO	No. Burtos correitos las									
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR V	VHICH OPERATION W	'AS PERFORMED	20g AUTOPSY?		20b IF YES, WERE F	INDINGS CO	ONSIDERED IN C	ERTIFYING
ERTIF	21a ACCIDENT WAS UNDERLYIN	C. Town	0.5.4	Tax	YES 12	NO 🗔				
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M		Year 210	HOW INJURY OCCURRED	) (Enter natur	re at injury in Part 1 i	or Port 2, II	tem 18)	
MEDICAL	(If either, notify medical examinated INJURY OCCURRED 216			19	10017-011	5 n				
-	Transfer in the state of the st	PLACE OF INJURI	OFFICE BUILDING, ET	C PACIDIO, 1 211	LOCATION Street or R	.hD Na.	City or Town		Caunty	Stal
	at work at wark	handle of	sanded the de		Non	10 60	to Manager	OH 0	(O 11-1	( s(a) / )
	22a I certify that (A) (thi saw the deceased al causes stated, algove	is naspital) at live an Now	ember 24	19 <b>68</b>	and that in (mv) (a	ur) apinian	death accurred o	n the dat	68, Indi	and from
	causes stated, above	, (A) (we) (did	) (didata) view	the bady afte	er death.	ory optimali	000111 00001100	ii iii uu	e and noor	una man
	226 SIGNATURE ////	111/	fi ,					22c. D	ATE S GNED	
	fet	11/11/	urmy	1, 1, D		DIRECTO	R STAFF C	Nov	ember 2	24.19
	22d PHYSICIAN S Chris	tina Fe	liciano,	M.D.	22e ADDRESS	Zamla Da	. a m			
_							ad, Towson		• 5T50r	<u> </u>
23	BUR AL CREMATION, 23b C	TATE A	23c NAM	E OF CEMETERY	OR CREMATORY		.OCATION (City or To		(County)	(State)
24	FUNERAL DIRECTOR	-0,0	OBMEV	V LAI	HEDRA	PECID BY DEC	Ld IRE	JIR	K Re	. M
	FUNERAL DIRECTUR	bloom		Con C	Landers For	MON!	O 1969	och	SIGNATURE	edal
12 1	T MI A I A 3 - 188 MILL AV	TUVUI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7117 1 1 4	SAME OF BARRES & DOCTOR	INCLU /	1 0 1 1 3 5 3		4 1-477	





15626

FILINDER 1 YEAR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Stote

County

2b.-HOUR

IF UNDER 24 HRS.

:05 N

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15613 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Lost ampletely filed in by the funeral averages I and 2 avent withing the round after death. The law require that the death certificate be executed within 24 hours after death. (Type or print) MCDANIEL COOLIDGE CALVIN 6 AGE (in years 4 RACE S. DATE OF BIRTH 3. SEX White lost birthdoy) Aug. 19. 1923 MALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) Virginia BALTIMORE U. S. A. WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA: OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH during most of working life, even if refired) INDUSTRY

ASDESTOS Worker BALTIMORE-Towson GREATERS BALTO MED CEN 13e STREET AND NUMBER 2517 S. Marine Ave. 130 LSUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13b. COUNTY Baltimore Edgemere YES [ NO 3 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last MCDANIEL Benjamin J. Hattie L. Estes Addres Edgemere. Md. 17 INFORMANT (Mother) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no or unknown) 216-18-4673 Mrs. Hattie L. McDaniel, 2517 S. Marine Ave. 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) )
PART I. DEATH WAS CAUSED BY:
PULMONARY ARREST burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CANCER OF SPENIC FLEXURE Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CONGESTIVE HEARTFAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO IX far use Health p 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at work Roge 4 mily bill retained causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Greater Balto. Med. Center, Towson, Md.

directar, should 30M REV. 1/68

REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md.

23b. DATE 11/14/68

23c NAME OF CEMETERY OR CREMATORY

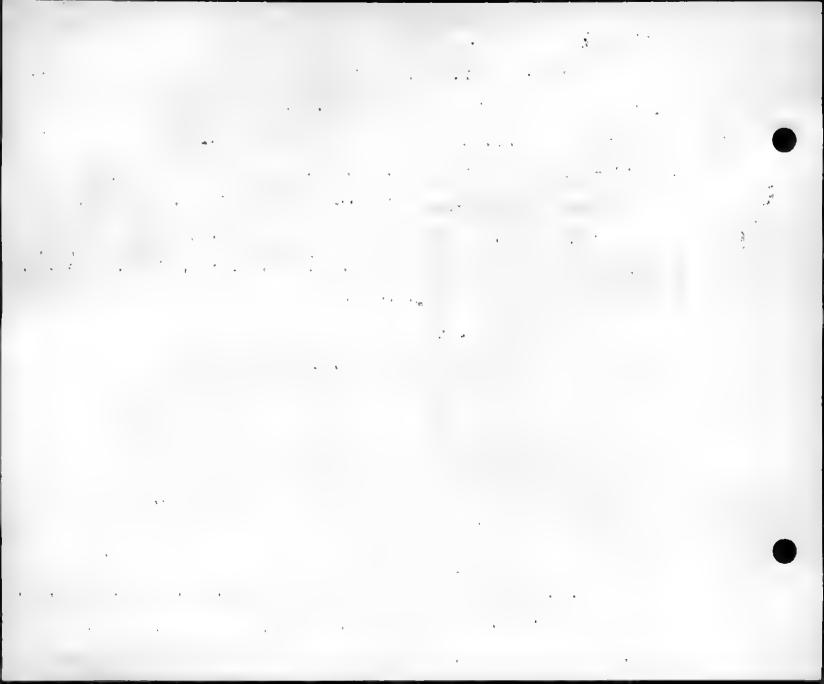
Meadowridge Memorial Park

NAME(Type) DR. A. PIRNIA MD

23a. BURIAL, CREMATION,

Dorsey, Maryland 25b. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR

23d. LOCATION (City or Town)



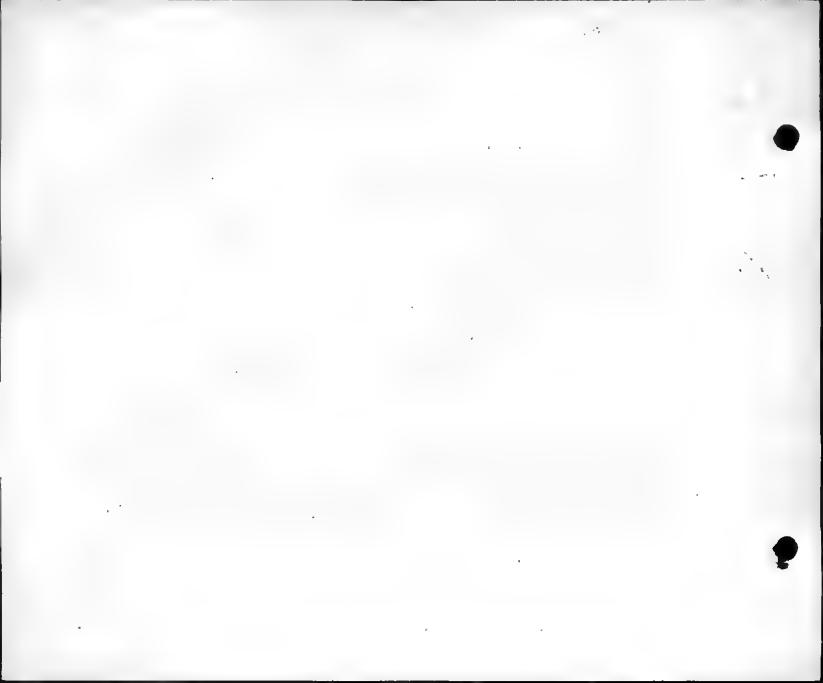
1561% CERTIFICATE OF DEATH	10021
1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print)	Doy Year 2b. HOUR
WILLIAM HOWARD McLEAN. Sr. 11/6/68	M M
3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (in years lost purthday)	F UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Male White 0-/7-/888 80" Y	
70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Balto, Md. USA   WIDOWED   Baltimore	Md
10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working 1 fe, even if retired	
Towson, Balto, Co. 9010 Satyr Hill Rd. Office clerk	
13c. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   STATE   Md.   13b. CONTINUE   13c. CITY OR TOWN   13d. MISSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. MISSIDE CITY LIMITS?   13e. STREET AND NUMBER   9010 Satyr	Co.
14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN WAME First Middle	
Moses McLean Margaret Hoopper	Last
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes, no, or unknown) (If yes give wor or doles of service)  Mr. Stewart H. McLean-9010 Sat	
18. CAUSE OF DEATH (Enter only one couse per Ime for (a), (b), and (c).)	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONNON COLUMBIA	1-2 LL1
DUE TO, OR AS A CONSEQUENCE OF	1
Conditions, if ony, which gove	10 den
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	4
last. 420/	
PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
8 VIVW MAJIVALIM MYCOTAM	
CAUSES OF DEATING	S CONSIDERED IN CERTIFYING
YES NO TO LAUSES OF DEATH OF STATE OF INJURY 1216 HOW INJURY OF CURRED (Fater nature of Injury in Part Lor Part	
	2, Item 18.)
G (If either, notify medical examiner)  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F D No. City or Town	County State
While Not while Verice Building, ETC.	Coonia
ar wark — at wark —	19.65 , that (1) (we) last
saw the deregged glive on 3. A Qui 19 6% and that in (my) (ever) opinion death accurred on the	
couses stated above, (1) (we) (did) (did not) view the body after deoth.	
ATTENDING MED STAFF COLO	2c PATE SIGNED
DEGREE PHYS DIRECTOR PHYS.	1400 6.9
NAME (Type) Howard Goodman 8604 Harford Rd.	
23a BURIA_ (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Burial 11/8/68 Loudon Park Cemetery Balto Mo	
24. FUNERAL DIRECTOR. 250. RECTO, BY REGISTRAR 250 REGISTRAR 250 REGISTRAR	IR'S SIGNATURE
Mitchell-Wiedereld Home-0500 Bork Rd. 21212 DANE NOV 1 2 1968	handes Judge

ecuted within 24 haurs after death. filled h b campletely TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbit should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician.

by the funeral Pages 1 and 2 ours after death.

30M REVEN 68

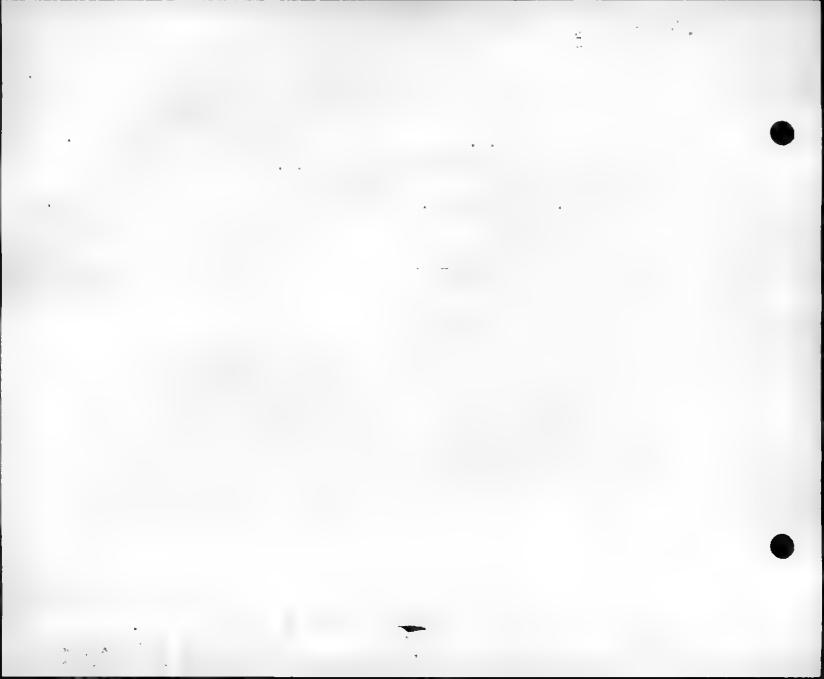




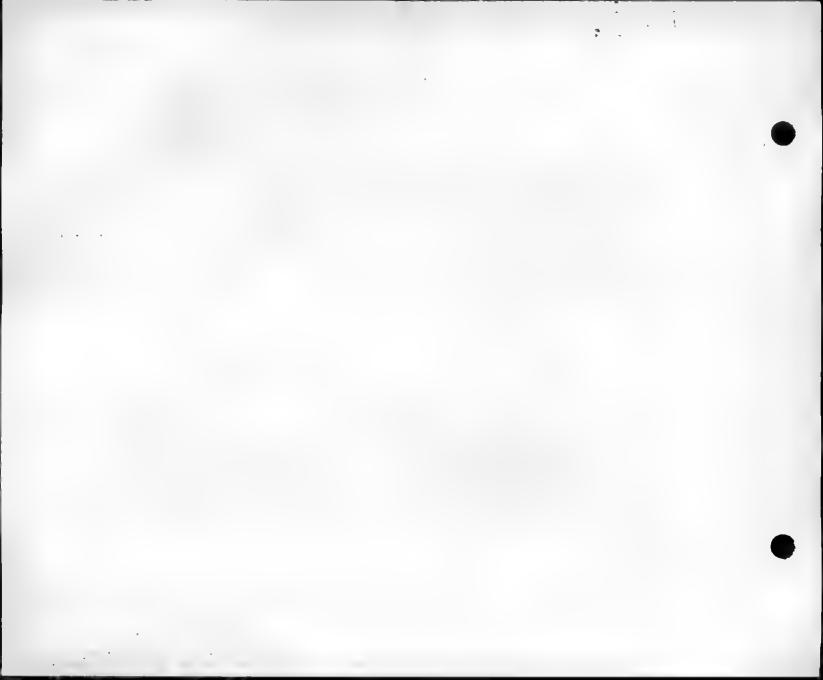
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15629 5616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a DATE KNOWN DECEASED NAME First Middle Lost Day Year 26. HOUR (Type or Print) OF ESTE 1968 CHARLES MERRYMAN, Jr. 11-16 DEATH MATED Ŧ iny delay i 6 AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4. RACE 5 DATE OF BIRTH 2d HOUR 3 SEX HOURS 16 Male White 168 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm WIDOWED DIVORCED I Baltimore land 2 with the State in Item 18. Give Pages 12a USUA, OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR 24 hours after death caminer's Office along with during most of work polife, even if refired) give street address) Josephs Hosp. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER death 13b COUNTY Baltimore odmission) STATEMarvland YES NO Timonium 10 Samwill Ave after Middle 15. MOTHER S MAIDEN NAME 14 FATHER'S NAME hours poges Tob SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** This certificate should be executed within pencil (Yeşı yışı ar unknawn) APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebrocranial injuries IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gove be farwarded ta the Chief rise to immediate couse (a), any writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ pup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) G G CERTIFICATION pesn 20 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES XX NO 21c HOW INJURY OCCURRED (Enter nature of program Part 1 or Part 2, Item 18)

Driver of car which hit guardrail then pole Б 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should 4 shauld PRIMARY X OR CONTRIBUTING S DICAL EXAMINER: cremotian, 1968 CAUSE OF DEATH 21d INJJRY OCCURRED 21e PLACE OF INJURY (At hame, form, street, Route 695 2000 feet County State City or Tawn factory, affice building, etc.) DIRECTOR: Page WHILE OF NOT WHILE AT WORK east of rte 542 Highway Balt Md 22a | certify that I took charge of the remains described above, held an Autopsy | x|, Inspection | and in my apinian Inquiry funeral director Hamicide death resulted from Natural couses Accident x Suicide Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b DATE SIGNED moy be re FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 11-16-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Health Charles S. Springate, M.D. ADDRESS(Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) 23a BURIAL CREMAT ON (Stote) ADDRESS 25b REGISTRAR'S SIGNATURE VR A15ME (5) 30M REV. 1/68





	1 Ta	em6 Film G406 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 FH 11/12/68
1	Tf	amo filmulo idivisionos vital records, 301 w. preston street, baltimore, maryland 21201 FH 11/12/68
•		15618 CERTIFICATE OF DEATH 1565
를 <u>-</u> 2章		ASED NAME First Middle Last 2a DATE OF DEATH 2b, HOUR
death and 2 death	(IAI	e or print) Edgar L. Micheau 11.6 Month Bay Year 419
is the second	3 SEX	4 RACE 5. DATE OF BIRTH 6. AGE ( n years Funder 198AR IF UNDER 24 HRS.
haurs after death by the funeral s page 1 and 3	7	Tale white Ser. 28/885 832/2 YRS. MONTHS DAYS MOURS MAN
\$ ≥°		THP.ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
and the second second second	countr	Taryland USA WIDOWED DIVORCED 12417 imove Mi
law requires that the death certificate be executed within 24 adding physician.  been signed by the attending physician and campistely filled is the burial-transit permit. Then please remave larb, paper to burial, crematian, ar remaval, and in any event, within 71 and to burial, crematian, ar remaval, and in any event, within 71 and 12 and 13 and 14 and 15	1/2	OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work done during most of working life even if retired \ (INDISTRY)
		Olisville 7110 - Oummil Museum Hork Salesman Appliances
Per per 20		an) STATE MAYERALD 13b. COUNTY PROJECT BAND NUMBER  TRANSPORT OF THE PROJECT COUNTY OF TOWN OF THE PROJECT OF T
equires that the death certificate be executed physician. Signed by the attending physician and cample burial-transit permit. Then please remave burial, cremation, ar remaval, and in any eventrial, cremation, ar remaval.	1A FA	HERS NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last
and and in at	17. 17	John 'icheau Catherine Frem Prem
icate b		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address
ifica Nysia Joh	ye:	no or unknown) (1) yes give wor or dotes of service) 213-09-4:529 Fatharine S. Losey 627 E. 34 Street 21218
cert g pl	1	B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c))  APPROXIMATE INTERVA. BETWEEN ONSE AND ORATIN
e death ce attending p permit. The	ш	PART 1. DEATH WAS CAUSED BY. Concurate of the bladder
attend attend permit.	Н	188 X DUE TO, OR AS A CONSEQUENCE OF
the sit p		anditions, if ony, which gave)
that t an. by the ransit		se to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF
puires physicii igned urial-t urial, (		st. (c)
equire physic signer burial burial	H	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w r ding een een the rrta	8 .	
	CERTIFICATION	DOL DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
수 교육 정도 🔨	EET	YES NO
PHYSICIAN: e haspital ar h's certificate stached far u Dept. af Heal		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
PHYSICI le haspit h's certif efached Dept. af	%	Feither, notify medical examiner)  P.M. 19  Pld INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State  While - Not white - 1
PH's this Dep		While of white of work
by the by the state de de		2a. Legify that (1) (this haspital) attended the deceased from 1/7 1968, ta 1/16 1968, that (1) (we) las
		saw the deceased alive on 1943, and that in (my) (our) opinion death occurred on the date and hour and from the
ATTEN retained ECTOR: Should should		couses stoted above, (I) (we) (did) (did not) view the body after deoth.
At OR ATTENIA y be retained I DIRECTOR: A age 3 should fried with the		DEGREE PHYS DIRECTOR DIRECTOR DIVIS DIVIGES
y by	2	2d PHYSICIANS 1 22e. ADDRESS F / / / / / / / / / / / / / / / / / /
FRA ERA dee dee		NAME (Type) F-KASA: TIS, MIS (801 treder had Belt misses
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		RIALICREMATION, 236 DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
50 5 2 2		Frination 1//1/1968 Greenwount Temetery Baltimore, Md.
VR A15 (4)		NERA DIRECTOR  ADDRESS  ADDRES
30M REV. 1/68		etz Punch 1 5209 York Rd Balto. Md.21212 DATENOV 8 1968 Clores Culse



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH ar remaval, and in any event, within 72 haurs after death (Type or print) NNA 4. RACE IF UNCER I YEAR 3. SEX 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEYER MARRIED Baltimore, Md. campletely filled in papers. WIDOWED V U.S.A. DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (fact in hospital give street address) DESREADE 120 USJAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH during mast of wark no life, even if retired) INDUSTRY the attending physician and completely fist permit. Then please remave carban MANO 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY E-MITS? 13b COUNTY Balto admission) STATE 324 Overbrook Rd. 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Farst Middle requires that thm death certificate be e Joseph Sweitzer Butt Mary Α. Α. 16b. SOCIAL SECURITY NO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, or unknown) George N. Miller 324 Overbrook Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease vrs. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR; After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? of Health p YES NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospite) attended the deceased from Sept., 19 67, ta Nov. 18, 19 68, that (I) (we) last saw the deceased alive an 19 68, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 11/19/68 22b. SIGNATURE ATTENDING MED DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS 3902 Lloyd E. Saylor Greenmount Ave. NAME (Type) director, should b 23d. LOCATION (City or Town) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (County) (State) 1968 Baltimore Md.

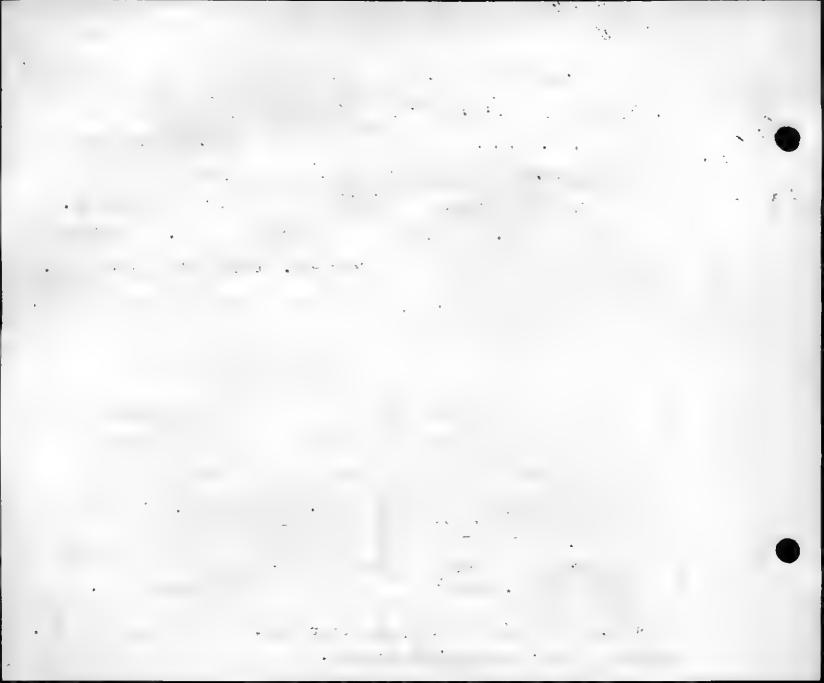
2 VR A15 (A)

24. FUNERAL DIRECTOR

Mitchell Wiedefeld Home 6500 York Rd.

Holy Redeemer Cemt. Balting
ADDRESS 250. REC'D BY REGISTRAR 250.

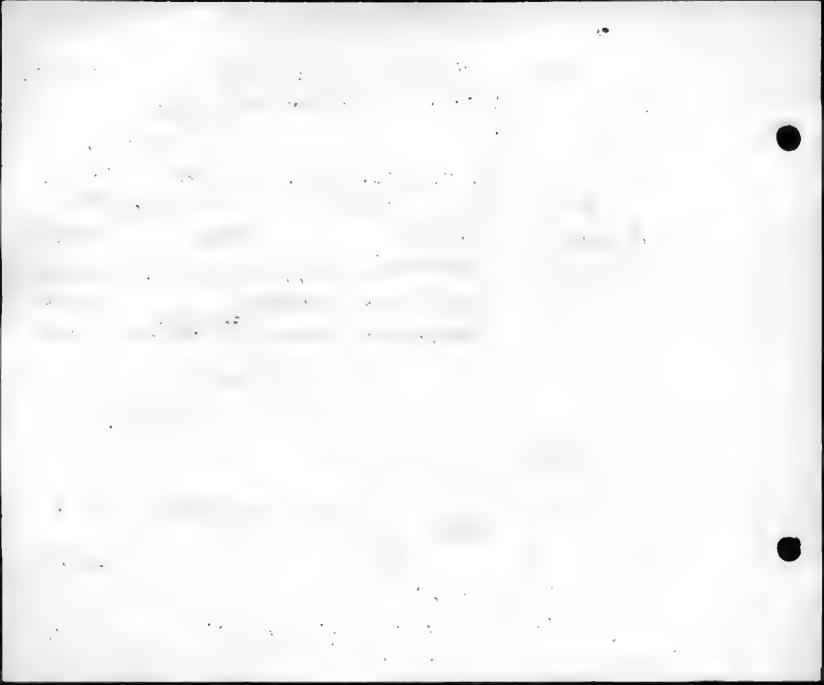
25b. REGISTRAR'S SIGNATURE 8 July Judge





VR A15 (4) 30M REV 1/68

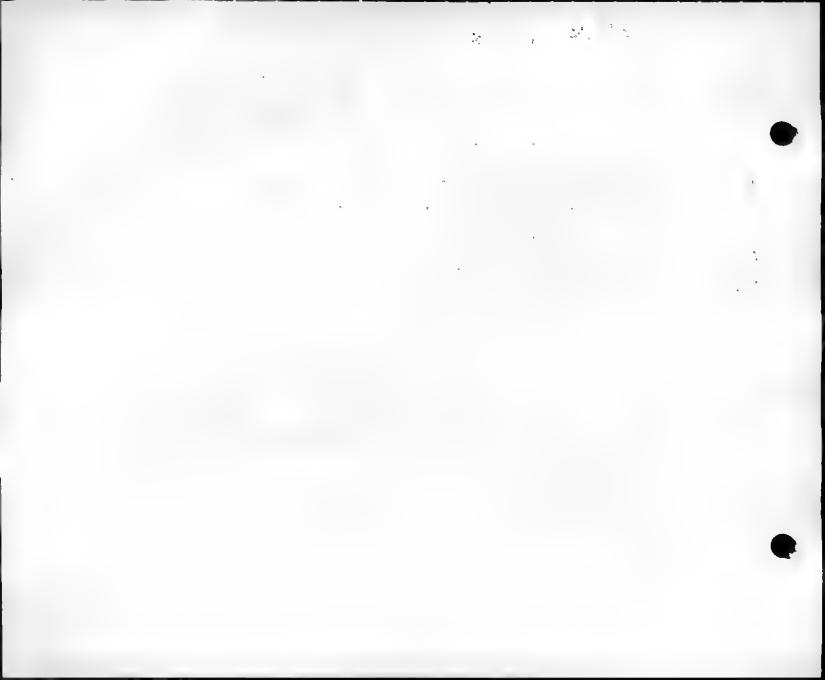
24. FUNERAL DIRECTOR



Funeral Home, Inc.

Brehms Lane

Schinunek



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 136:6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME 20 DATE KNOWN Month (Type or Print) ESTI-DEATH MATED AGE (in years 2c. DATE PRONOUNCED DEAD CAUCHSIAN APR. 7g B RTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [ ITALY BALTIMORE 16 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) DUNDALK STEEL MECK 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CiTY OR TOWN 13d INSIDE CITY LIMITS? 136 COUNTY DUNDALK 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME UNK. 17 INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service) ROSE 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gave rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196. COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 2 c HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No. County Stote factory, affice building, etc.) AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry . and in my apinian Natural Chuses X, Accident Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER NAME (Type) INESDORE ADDRESS (Street, city, town, or wordy) DJKDALK + BALTO. BUR.AL, CREMATION, 23d LOCATION (City or Town)



1	I	tem 1 per teleph Jenkins F.H. 11/	iore_call	D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN ERTIFICATE OF DEATH	EÄLTH MORE, MARYLAND 21201	1390/
death.		DECEASED NAME First (Type or print) WILLI	k/a Franci Modile FRANCIS	William lost MORAN	20. DATE OF DEATH Month Day	2b. Hour 68 6:40A
S. Day		MALE	4 RACE WHITE	S DATE OF BIRTH 5/28/97		F JNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
50	19	ASSACHUSETTS	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUNT	Y M
within 2	3 F	CITY OR TOWN OF DEATH ORT HOWARD		RATION HOSPITAL ng SA		12b K ND OF BUSINESS OR INDUSTRY Shoe
e executed within 24 and campletely filled remave carbon paps n any event, within 7	odr	nissian) STATE MARYLAND	livyd if nstitution Residence before	BALTIMORE 138 INSIDE CITY LAW YES X NO	5004 ROLAND	AVENUE
ficate be executed within visition and campletely fille prease remave carbon pool, and in any event, within		FATHER'S NAME FIRST MYLES	M. ddle Last MORAN		HERINE	CARTER
mflican physicie oval, are	10		1 474 09 84	15 CLIN.RECORDS,	VA HOSPITAL, FT	
he death certific attending obys permit. They ian, ar remaval,		PART I DEATH WAS CAUSED I	ane couse per line for (o), (b), ond (c).) BY CAUSE (o) BRONCHOPNEUM			APPROX.MATE INTERVA. BETWEEN ONSET AND DEATH
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rendin ned by R: After nuld be the Sta		22a. I certify that (this saw the deceased alive causes stated above)	haspital) attended the decease on 19 (we) (and (BACKS)) view the b	d fram, 19 7, and that in (nty) (aur) opini adv after death.	n death occurred on the date	, that (i) (we) last and have and from the
De Terdin		22b. S GNATURE	1 tarus		STAFF 22c DA	TE SIGNED 1/18/68
O ROSHITAL O' Page 4 may be 1 O FUNERAL DIRI director, page 3 shauld be filed v		22d PHYSICIANS NAME (Type) KR TSHA	A V. S. RAO, M. D		WARD, MARYLAND	
TO MOSHITAL O' TEN Page 4 may be rerdined TO FUNERAL DIRECTOR:, director, page 3 shauld shauld be filed with the		BURIAL CREMATION, 23b DA REMOVAL (Specify) BURIAL	TE 230 NAME OF C BALTIMO	EMETERY OR CREMATORY RENATIONAL	BALTIMORE, MA	
VR AIS A	24.	FUNERAL DIRECTOR	HENRY W.	JENKINS FUNERALDRO	REGISTRAR 19685 REGISTRARS S	GNATURE:



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after death

within 24 hours

O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

	15625	DIVISION OF VI		IFICATE OF D		JKE, MAKTLANU ZI	201 1.00	e 3
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4	22b SIGNATURE  22b PHYSIC AN S NAME (Type)	Anthony J	Young, M.D.	DEGREE PHYS.  22e. ADDRE	SS SPRIN	G GROVE ST	ATE HOSPIT	
23a.	BUR AL, CREMATION, 23	DATE 1/16/68	230 NAME OF CEMETER		2	more, Maryl 3d. LOCATION (City or Tow Iyattsvill	vn) (County)	(State)
24.						EGISTRAR 256. REG		

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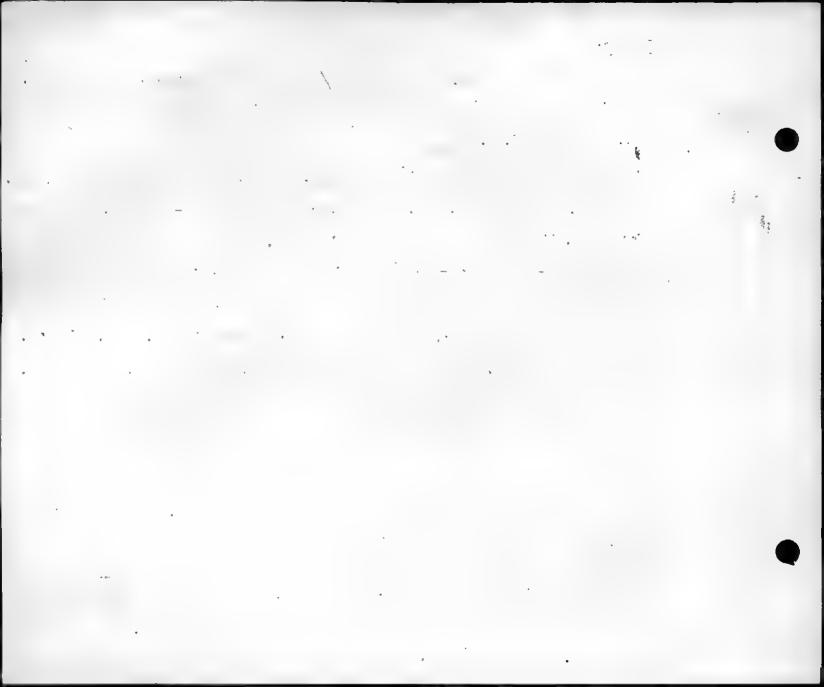
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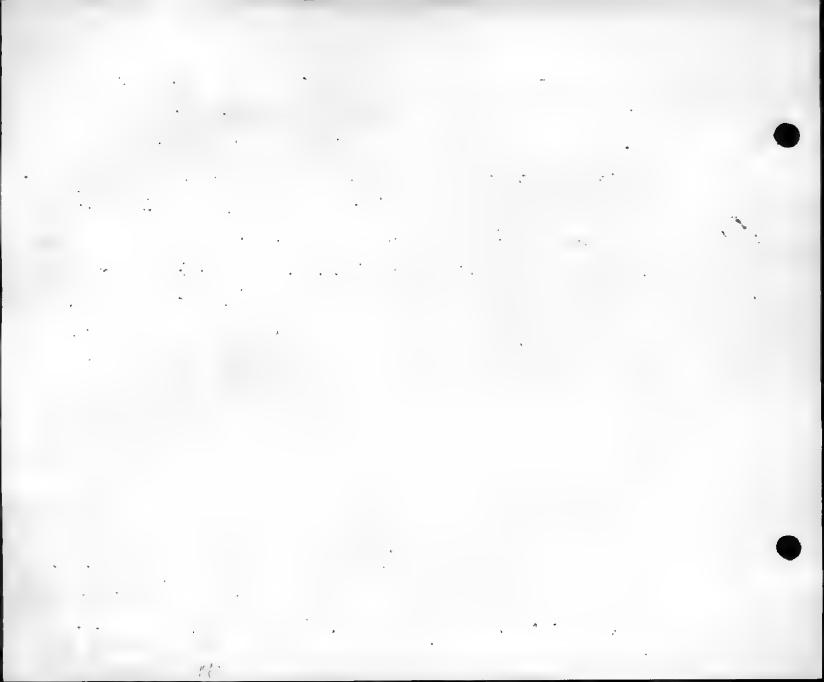
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remanded be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any VR A15'(4) 30M REV 1768

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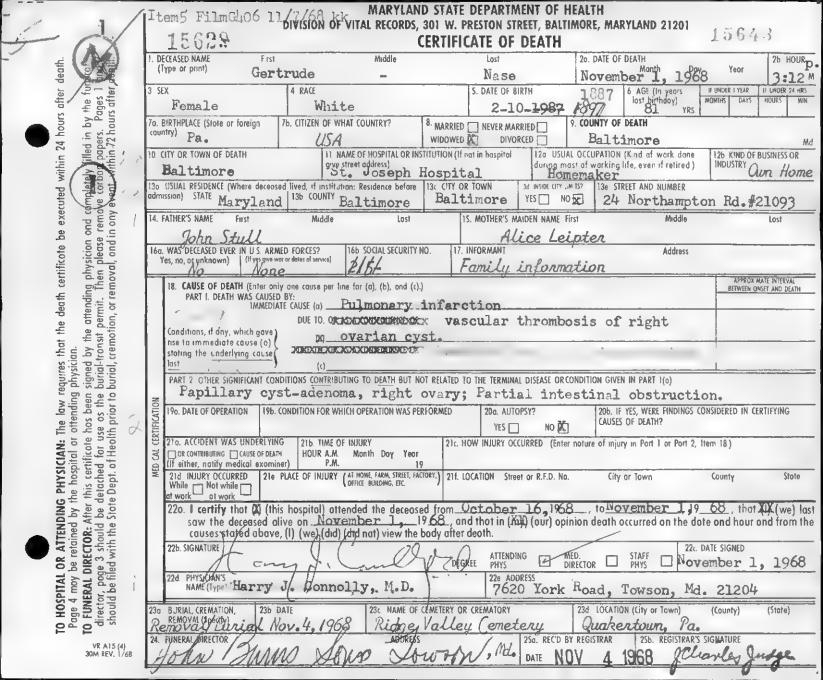


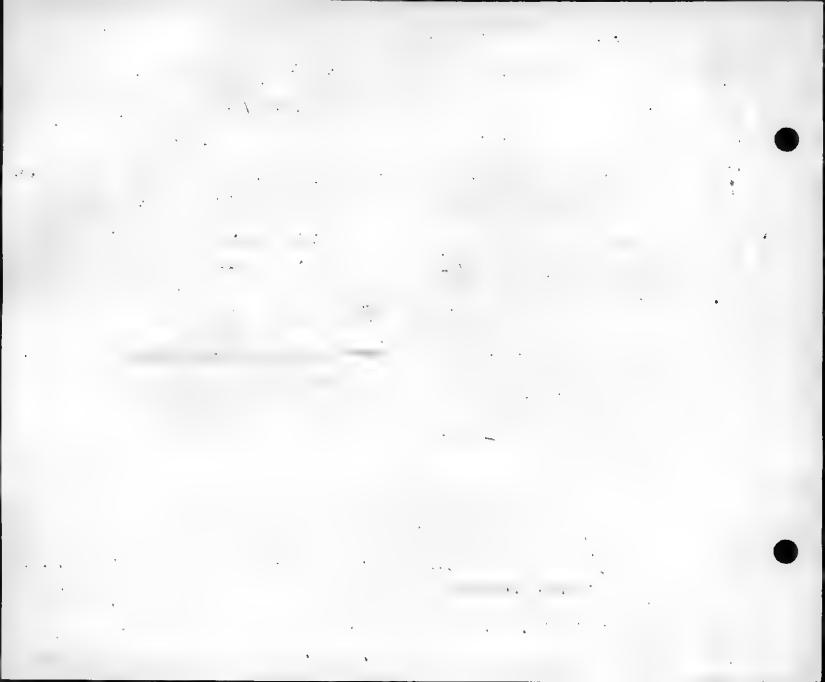




15628 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL It ns#7a\*b, Film 2406 11/22/68 km CERTIFICATE OF DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1564 2b HOJR 1. DECEASED NAME First 20. DATE OF DEATH funeral r and 2 ter death. ertificate be executed within 24 haurs after death (Type or print) AT SEX 4 RACE 6 AGE (In years IE JNDER 1 YEAR IF UNDER 24 HRS. last birthdov) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fore an 8. MARRIED MEVER MARRIED country altimore, Md. DIVORCED [ remave carbon par 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of warking life, even if retired ) give street address) INDUSTRY HOUSING event, 13a USUAL RESIDENCE (Where deceased lived, 'f institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER emayal, and in any 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First MUSE BARBARA MICHRELS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Yes, no, or unknown) (If yes give war at dates of service) 216-05 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY GRATIC CARVINIASCH COTT RTERIUSE 1Sezsy 2 YIZS T Conditions, if any, which gave ) burial-transit cremat rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attemding O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far' use Health p YES [ NO [ 210, ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. County State City or Town While Not while of work 22a I certify that (I) (this haspital) attended the deceased from June 1966, to saw the deceased alive on /i/ 10/69 19 \_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE 22c. DATE SIGNED MED DIRECTOR 14 19 DEGREE director, page should be filed 22d PHYSICIAN S 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) Ochania 30M REV 1/68







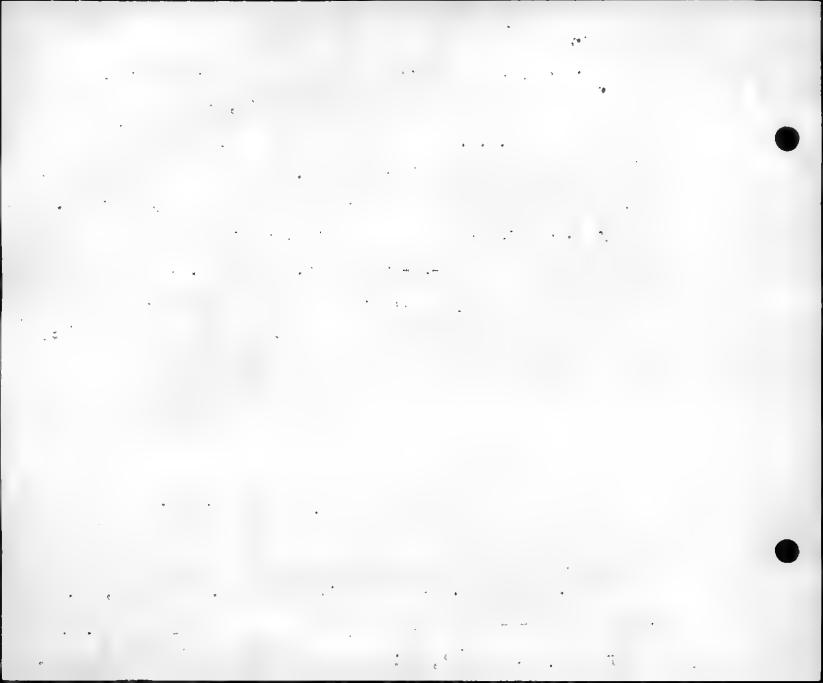
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15630 15644 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH First Items 18 & EMiddle Film GLO9 Lost 2/25/69 ca 20 DATE KNOWN I DECEASED NAME (Type or Print) FRANK DEATH MATED NEMETHY 3. SEX 4. RACE S DATE OF BIRTH 6. AGE fin years IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 9/10/48 Wale. White YRS November 70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 2 9 COUNTY OF DEATH (country) Maryland WIDOWED | U. S. A. DIVORCED [ 120 USUAL OCCUPATION (Kind of work done 112b KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not up hospita 10. CITY OR TOWN OF DEATH Bundalk gve street oddress) 2609 Yorkway

Yorkway Apts

13a USLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN during most of working the even if retired | INDUSTRY Sub Shop work, Capt. Harvey's .38 INSIDE CITY JAMITS? 13e STREET AND NUMBER 2609 Yorkway admission) STATE 126 COUNTY Balto. after Dug 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME in Item William Nemethy Delores Rossbach pages hours 17 INFORMANT (Father) appredundalk. Hd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil (Yes, no, or unknown) 212-48-3418 Mr. William Nemethy, 6811 Belclare Rd. APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intravenous narcotism IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🙀 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy XX Inspect on . Inquiry [ and in my opinion Notural causes A Accident Suicide Homicide death resulted from. Undetermined marner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER November 24, 1968 5 m TO FUN Health EXAMINER'S ADDRESS(Street, city, tawn, or county) NAME (Type) Edward F. Wilson, M.D. 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 11/27/68 Holy Redeemer Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR'S S GNATURE John J. Duda. 7922 Wise Ave. Dundalk, Md.



30M REV





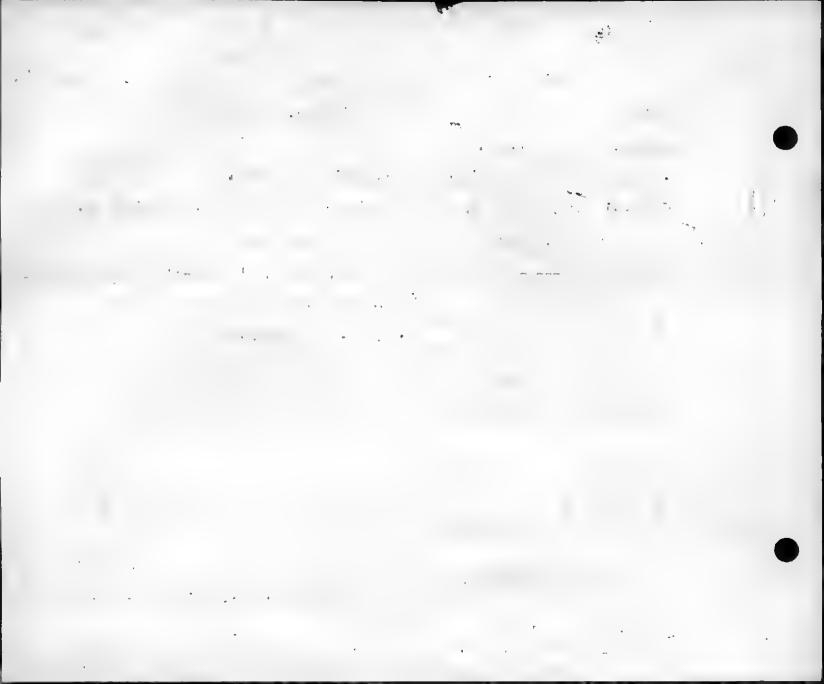
MERYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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23b. DATE

23c NAME OF CEMETERY OR CREMATORY

6200 MAN, MO

23d. LOCATION (City or Town)

DIRECTOR

25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR

(County) Windsor Mill Rd. Maryland

22c. DATE SIGNED

(Stote)

24. FUNERAL DIRECTOR

PHYSICIAN'S

NAME (Type)

ADDRESS

Ocharles oring Byers 8728 Liberty Rd. Randallstown Md. DAME NOV 19 1968

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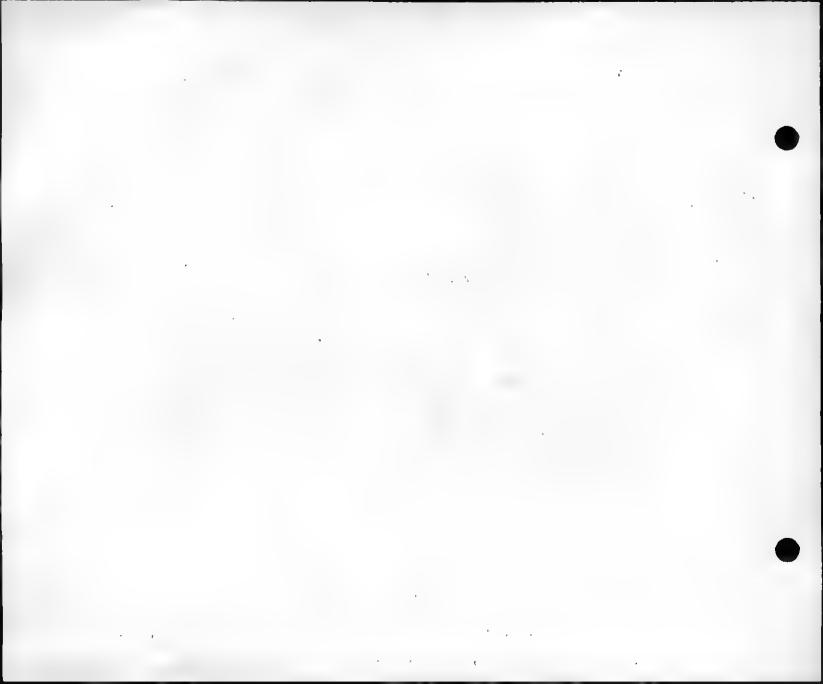
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Page 4 O FUNE	230	BURIAL, CREMATION, 23b.	OATE	23c NAME DE	EMETERY OR CRE			toty ar Tawr			
5 5 5 E			ec. 3,19	68 B	slev Me	thodist		timore,			
VR AZ		FUNERAL DIRECTOR		ADDRESS		25a REC'D E	BY REGISTRAR	2Sb REG S	TRAR'S SIGNA	TURE .	
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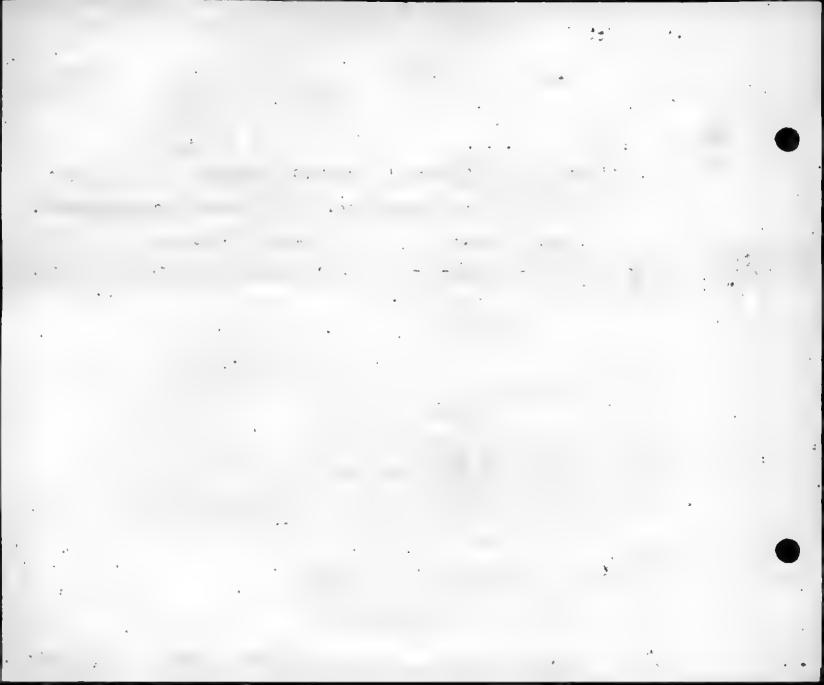


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E E E E		WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N			Address	
<b>基本</b>		es, no, or unknown) (III yes give war or dates of service)	220-03-91	185 A	James N. Par	ge 3506 St. Ja	
ding orh		18. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), and (c).)			1.1	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
ottending permit. Th		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		acute	Myocar	dex/ fataron	I Immed.
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requires that the death physician. I signed by the ottendir burial-transit permit. I berrial, cremation, or re		PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	RELATED TO THE	TERMINAL D SEASE ORCOND	ITION GIVEN IN PART 1(0)	
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e la tena ss b as as prio	IFICATION	190 DATE OF OPERATION 196. CONDITION FOR Y	VHICH OPERATION WAS PER	FORMED 2	Oa. AuTOPSY?	20b. IF YES, WERE FINDINGS CO. CAUSES OF DEATH?	NSIDERED IN CERTIFYING
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IAN: ol or ficote for u Heal	JAI C		Ut INJURY L. Month Day Year	21c HOW IN	JURY OCCURRED (Enter not	use of injury in Port 1 or Port 2, Its	em 18)
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by free Stot		22a I <b>certify</b> that (I) (this haspital) a	itended the deceases	d from	, 19.61	, ta, 19_	(a), that (1) (we) last
R: A		saw the deceased alive-en-	I did not I view the h	adv after death	f in (my) (bur) apiniai	n death accurred on the dat	e and haur and from the
R ATI retail RECTO 3 sho with		22b SIGNATURE	7011 -			22c, D	ATE SIGNED
0 8 5 9 5			Ellen,	DEGREE	ATTENDING MED. PHYS DIRECT	STAFF POLICY	127/681
		22d. PHYSICIAN'S	5 511		22e ADDRESS	0 00 F	1
O HOSPITAL Page 4 may O FUNERAL I director, pog should be fill		NAME (Type) / .	AIRIIIN		Roma	allolon, M	10 21133
Page 4 1	23a	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c NAME OF C	EMETERY OR CREM	ATORY 23	d LOCATION (City or Town)	(County) (State)
5 5 5 3	Bu	rial Nov. 30.		l Ridge			alto. Md.
VR A15 (4)-	24	UNERAL DIRECTOR	ADDRESS		1 1 1 7	G STRAP 1968 PLET CARS S	andge.
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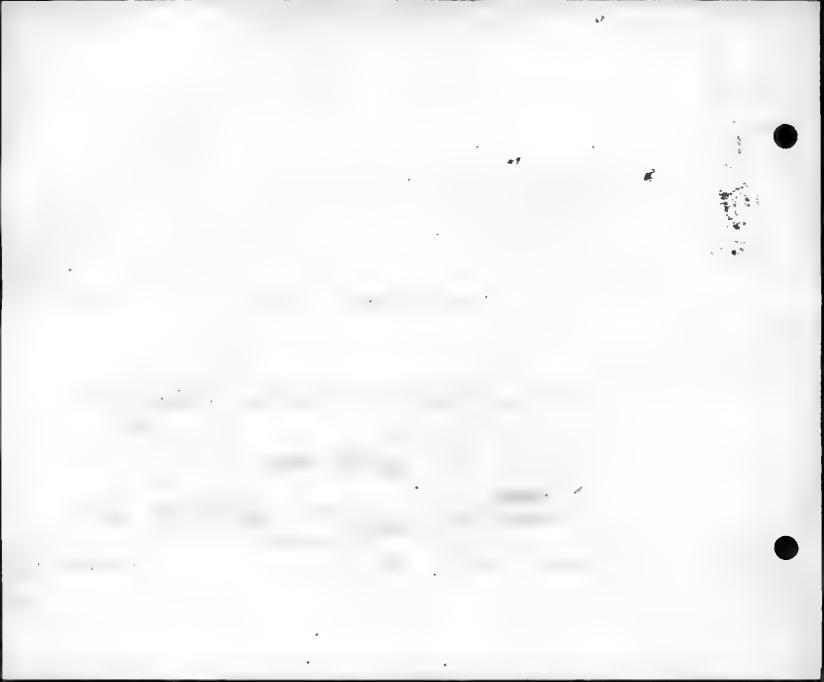
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15637 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) PALMER DORA 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER , YEAR lost birthday) MONTHS DAYS CEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED (country) BALTO WIDOWED A DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) KENWEDD HOUSEWIFE 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN IBe, STREET AND NUMBER 13d. INS OF CITY LIMITS? BALTO. CO KENLUCOA burial-tronsit permit. Then please remo burial, cremation, or removal, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First DARFIELD HENDERSON ANTHONY 16g, WAS DECEASED EVER IN u.S. ARMED FORCES? 165. SOCIAL SECURITY NO 17. INFORMANT KENIWEED 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH Conditions, if any, which gove ) 2464-178 rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the prior to l 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** NO DK YES 🗀 O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County 22a. I certify that (I) (this hospital) attended the deceased from 1945, 19, ta hours, 1966, that (I) (we) last saw the deceased alive an 1966, and that in (my) (aw) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did-not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M Degree 18 EFACER ST. 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMAT ON, (County) 11-16-68 Baltimore, Md. Mt. Carmel Cem. 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR VR A15 (4) Lilly & Zeiler, Inc., 1901 Eastern Ave., 30M REV, 1/68 Baltimore, Md. 21231





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1565315639 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) 11 Month 22 Day 68 Year Cassandra Parks Aura 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F JNDER I YEAR IF UNDER 24 HRS. lest birthdoy) MONTHS HOURS 9-18-84 Female White YRS 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARR ED country) Md. DIVORCED | Baltimore County WIDOWED TO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind at wark dane 12b K ND OF BUSINESS OF law requires that the death certificate be executed within during mast of working life, even if retired) INDUSTRY the attending physician and campletely! sit permit. Then please remave carban Randallstown 130 USLA, RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY Balto Baltimore YES 🗔 NO 3524 Essex Rd 14 FATHER'S NAME Middle Lost 15 MOTHERS MAIDEN NAME First Middle Last Phillip Price Cassandra Rickman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, ng or unknown) (If yes give war or dates of service) 217-18-66953 Mrs. Emia P. Leialohe 3524 Essex Rd. 21207 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: HRAMIC MONTHS-YRS DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) attending p O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health pr.ar ta land. 20a AUTOPSY2 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HQW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, not fy medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, SIREET, FACTORY,)
While - Not when the 21f LOCATION Street or RFD No. City or Tawn Caunty State While Not white of work 22b SIGNATURE 22c DATE SIGNED DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23b DATE 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Chance Maryland Burial 24. FUNERAL DIRECTOR 25a RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Joring Byers 8728 Liberty Rd. Randallstown, Md. MOV

MARYLAND STATE DEPARTMENT OF HEALTH



Howard H. Hubbard, 4107 Wilkens Ave. 21229

requires that the death certificate be executed within 24-hours after death

Tage 4 moy lie retained by the Taspital ar attending physici≡n.

O FUNERAL DIRECTOR:

director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta

signed by the attending physicion and completely fille burial-transit permit. Then please remave carban po burial, cremation, or remaval, and in any event, within



	15641		CERTIFI	CATE OF DEA	ATH		1909	a <b>)</b>				
	CEASED-NAME ype or print)	First /	Middle	Lost	20 [	DATE OF DEATH Month	Day 15/ Year 8	2b HOUR				
	Na	IPh /utr	ick (	1-455		Morember		d 5:30 1				
3. SE	X	4. RACE	11.	S. DATE OF BIRTH	. (0)	6. AGE (In years last birthgay)	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.				
	Mule	- 4	ell.	april	4.107	/ 7/	rrs.					
70. t	BIRTHPLACE (Stote or foreightry)	gn 7b. CITIZEN OF WHAT COL	MARKIEL			NTY OF DEATH						
100	ITY OR TOWN OF DEATH	II NAME OF	WIDOWER HOSPITAL OR INSTITUTION (IF			PATION [Kind of work do	AND THE PIND OF	BUSINESS OR				
10.0	IT OK TOWN OF DEATH		dess) Lawer		uring mest of w	orking life, even of retire		BUSINESS UK				
// 13n	IISHAW RESIDENCE (Where	deceased lived, if institution: Res	s dence before 13c CITY C	DR TOWN 136 IN		13e STREET AND NUMBER	agreen	Clina				
	SSIOP STATE	1 13b. COUNTY 77	THOSE WAHD	CHEAD YES	□ NO S	Lower Rest	blersistle	, Rd.				
14. f	ATHERS NAME First	Middle		15. MOTHER'S MAJDEN	NAME First	Middle	0.	Last				
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160.	WAS DECEASED EVER IN U	une new were no delete of coroneal		. INFORMANT		Addres	is e	- 1				
	es no, ar unknown) (If	WILL 1917-18-	214-18-5532	13a/hier	se las	Hamle	tend-	)nd				
		nter only one cause per line for f	), (b), and (c) )	0 /		ONL	BETWEEN (	MATE INTERVAL INSET AND DEATH				
	PART 1. DEATH WAS	MMEDIATE CAUSE (a)	Smely-7	Eure au	eum (	1196 Jus	4 -					
	1621	DUE TO OR AS A CO	NSEQUENCE OF									
	Canditions, if any, which rise to immediate cous	e (o). (D)										
	stating the underlying last.	DUE TO, OR AS A CO	NSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
	/ And 2: Office Significa	WI CONDITIONS CONTRIBUTION	DOT HOT REDITED	TO THE TERMINAL DISC	2.32 011 (0110.11)	,						
CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY?		206 IF YES, WERE FINDIN	IGS CONSIDERED IN C	ERTIFYING				
TEC				YES 🔲	NO	CAUSES OF DEATH?						
	21a. ACCIDENT WAS UNE			HOW INJURY OCCURRE	D (Enter noture	of injury in Part I ar Por	rt 2, Item 18.)					
MEDICAL	OR CONTRIBUTING CAUS		Ib Day Year 19									
W	21d INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT HOM OFFICE	E, FARM, STREET FACTORY ) 21f. BUILDING, ETC.	LOCATION Street or F	R.F.D. Na.	City or Tawn	County	State				
	at work at work						10 6 5 1	40.4.4.4				
	22a. I certify that	(I) (this haspital) attended sed alive an	the deceased from a	ed that in (my) (a		to / 17/14						
	causes stated	abave, (I) (we) (did) (did n	ot) view the bady afte	r death.	or aprillative	icam acconca on m	c date and noor	und nom m				
	22b. SIGNATURE	11666	1/2 1	ATTENDING .	MED	C STAFF	22c DATE SIGNED	10				
	trasp	11C DA	est Har DE	GREE PHYS.	DIRECTOR		11-14-	60				
	22d. PHYSIC:AN'S NAME (Type)	conte R	I un	22e ADDRESS	"CLEA	D Min	/2 2					
02.		logh part	23c NAME OF CEMETERY O	D COEMATORY	03/ 5/1	LOCATION (City or Town)	Campi	(State)				
	BUR AL, CREMATION, SEMBLAL (Specify)	Nov. 17, 196			230	Upperco,	(County) Md.	(State)				
	FUNERAL DIRECTOR	1	ADDRESS		REC'D BY REGIS	TRANCE 256 REESE		7 10				
		e Funeral Home	Hampstead,	Md. DAT	Billing I S.	1300 1	0	(3,				

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Ameral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. **FOUNDALISE OR ATTINUING PHYSICIAN:** The law requires that the Jenth certificate be executed Page 4 may be retained by the haspital ar attending physician.



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15656

I. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type ar print) ALVIN PATTASHNICK (PATT 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 6 AGE (In years IF UNDER 24 HRS lost birthdoy) HOURS MALE WHITE 11-26-1910 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED RTCHMOND, VA. U.S.A. DIVORCED [ BALTIMORE WIDOWED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. LSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) BALTIMORE 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY BAL SOUTHERN CROSS DRIVE 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First SAMUEL PATTASHNICK BESSIE WEBER 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknawn) 223-03-7455 MRS. JEAN PATTASHNICK. 3911 SOUTHERN CROSS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH malument DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day 21a. INJURY OCCURRED While Nat while of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street at R.F.D No City or Town County State 22a | certify that (1) (this hospital) attended the deceased from 1960 to 1127, 1967, that (1) (we) ast sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and have and from the 22b, SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) NATHAN NEEDLE 6506 PARK HEIGHTS AVENUE 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURTAL Specify) BALTIMORE, MARYLAND 11-27-68 BNAI ISRAEL 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

TO FUNERAL DIRECTOR: After this certificate has bee director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

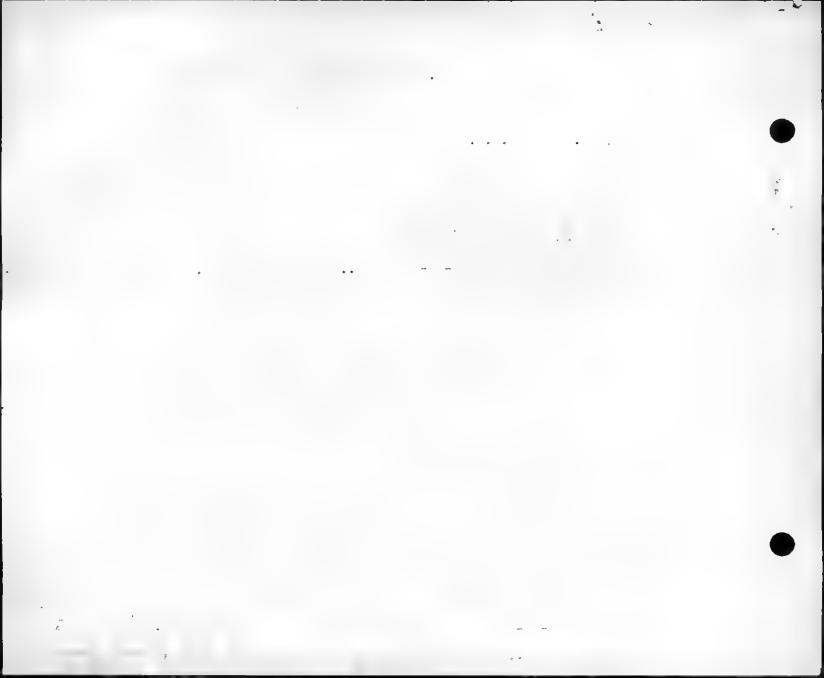
death.

yted' within 24 hours after

requires that the death certificate be exe

physician and completely filled in by

signed by the attending physiburiol-tronsit permit. Then pluniol, cremation, or removal,



within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected

Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15657

	•		CERTIFICA	HE UP DEATH				
		Middle		Last	2a DAT			2b HOUR
(I	ype or print) Sis	ter Ignatia Peach			Nov.	. 30, 1968 Day	Year	ħ.
3 SE		4 RACE	S.	DATE OF BIRTH		6 AGE (in years		IF UNDER 24 HRS. HOURS MIN.
	Female	White		Apr. 19,	1902	(ds: bijrinday) YRS.	MONIES UATS	HORIC? WIN"
		76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED X	9 COUNT	Y OF DEATH		
	Maryland	U. S. A.				Baltimore		Mi
10. C	TY-OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If nat	in hospital 12a US	UAL OCCUPA	TION (Kind of work dang	12b. KIND OF B	JSINESS OR
		St. Joseph	's Nursir	ng Home Te	acher	at Mount de	Sales. le	
13c	USUAL RESIDENCE (Where deceo	sed lived, it institution. Residence befor	re 113c. CHY OR IS	JWN 136, INSIDE CITY	LIMITS7 13	e STREET AND NUMBER MC	1. Caton	sville
_		Baltimore					3 700 Ac	ademy
14. F	ATHER'S NAME First	Middle Lost	15. /	MOTHER'S MAIDEN NAME	First	Middle		Lost
		Peach			ephine	e Oliver		
lóa, Y	WAS DECEASED EVER IN U.S. ARI es. ng. or unknown)   (If yes give:	war or dates of convent						
	1//0			ter Franci	a De S	Sales 700 Aca	demy Ro	ad
	DADE I DEATH MAC CAUCE	IN DY	(c).)	1/00 0 (			BETWEEN ON	ISET AND DEATH
	IMMEDI	ATE CAUSE (o)	reliro	Makulaju	Luce	uS .	de	cohs
	4377	DUE TO, OR AS A CONSEQUENCE O	)F 1 3-1				1. ,	Y
	vise to immediate cause (a).			wswero	556		Much	mezu-
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	)F					
			NOT OCCUPED TO 1	TIP TERMINAL DISCOURT OF	D.COUDITION	CONTRACT IN SANT IN S		
	PART Z OTHER SIGNIFICANT CO	NUTTON'S CONTRIBUTING TO DEATH BUT	NUI KELATED ID I	HE TERMINAL DISEASE U	KCONDITION	DIVEN IN PART I(0)		
TON	190 DATE OF OPERATION 19h	CONDITION FOR WHICH OPERATION WAS	DEDEUDWED	200 AUTOPSY2	20	THE YES WERE FINDINGS OF	ONSIDERED IN CEL	RTIFYING
FICA	TA. DATE OF OTERATION	CONDITION WHICH OF CARRON TIAS	I ERI ORINED		/ 10		SHEED THE CEN	· · · · · · · · · · · · · · · · · · ·
CERT	21a. ACCIDENT WAS UNDERLYI	NG 1915 TIME OF INITIRY	21c HOW			mury in Part 1 or Part 2	Item 181	
	OR CONTRIBUTING CAUSE OF CEA	TH HOUR A.M. Month Day Yes	or	The transfer of the	10101010 01	migry m rom can race a,	1011	
	214 INDIRY OCCUPPED 214	PLACE OF INITIRY / AT HOME, FARM, STREET,		TION Street or RED 2	la .	City or Town	County	State
	While Nat while	GFFICE BURLDING, ETC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	20011	2,000
	22a. I certify that (1) 44	is haspitel) attended the decer	ised from	July 19	68 , to	_[1/30 .19	68. that	(I) (wath las
	saw the deceased o	live an 1129	19_62, and 1	that in (m/) (aur) a	pinion dec	ath accurred on the do	te and hour o	ind from th
	causes stated abov	e, (I) <del>(we) (die)</del> (did nat) view th	e bady after de	ath.	,			
		mole !	n = 10 = ======	ATTENDING	MED.	— CTAFF —		
	2 1- 2 - 2	er J. Lean,	DEGREE	,	DIRECTOR	L PHYS. LL	(1/50/6)	2
	NAME (Type)	NOLAN		Ball	more	and 21 =	229	
73.0	DIPLIAL CREMATION 23h	DATE 23/ NAME (	E CEMETERY OF CI	150-		(ATION (City or Town)	(County)	(State)
230	REMOVAL (Specify)				I .		, ,,	, ,
24.	FUNERAL DIRECTOR	ADDRE	22	2So. RECID	8Y REGISTR	AR 255 REGISTRAR'S	S.GNATIIRE	9 2326
6	astoral Eun	Hal Home CE	tonsvill	e, Md DATE DE	C 3	1968 Jane	rees year	40
	70. 8 count 10. Ct 13c odmis 14. F 16a, Y. 170 NOLLY 13c odmis 14. F 16a, Y. 170 NOLLY 13c odmis 14. F 16a, Y. 170 NOLLY 15c odmis 16a, Y. 170	Female  70. BIRTHPLACE (Stote or foreign country)  Maryland  10. CITY-OR TOWN OF DEATH  Catonsville  130. USUAL RESIDENCE (Where deceased odmission)  STATE  Maryland  14. FATHER'S NAME  First  James A.  160. WAS DECEASED EVER IN U.S. ARI Yes, no. or unknown)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIATED AND CONDITION OF THE SIGNIFICANT CO.  STOTING the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  190 DATE OF OPERATION 19b.  210. ACCIDENT WAS UNDERLYING CAUSE OF OFA CONTRIBUTING CAUSE OF OFA COUNTRIBUTING CAUSE OF OFA COUNTRIBUTION COUNTRIBUTING CAUSE OF OFA COUNTRIBUTING CAUSE OF	Sister Ignatia Peach   3 SEX	DECEASED-NAME (Type or print)   Sister Ignatia Peach	Topic   Topi	Sister Ignatia Peach   S. Date of Birth   Nov	DEFEASED HAME   Cype or print    Sister   Ignatia   Peach	DEFERSE NAME   First   Mode   Lost   Nov. 30, 1968   Day   Year   Day   Day



tems 18822a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in being equator director, page 3 should be detached for use as the Eurial-transit permit. Then please remove carban paper, Pages and 2 and 2 inhelial be filed with the State Dept. of Health prior to burial, cremation, ar remeval, and in any event, within 72 haurs after death.

cecuted within 24 hayrs, after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

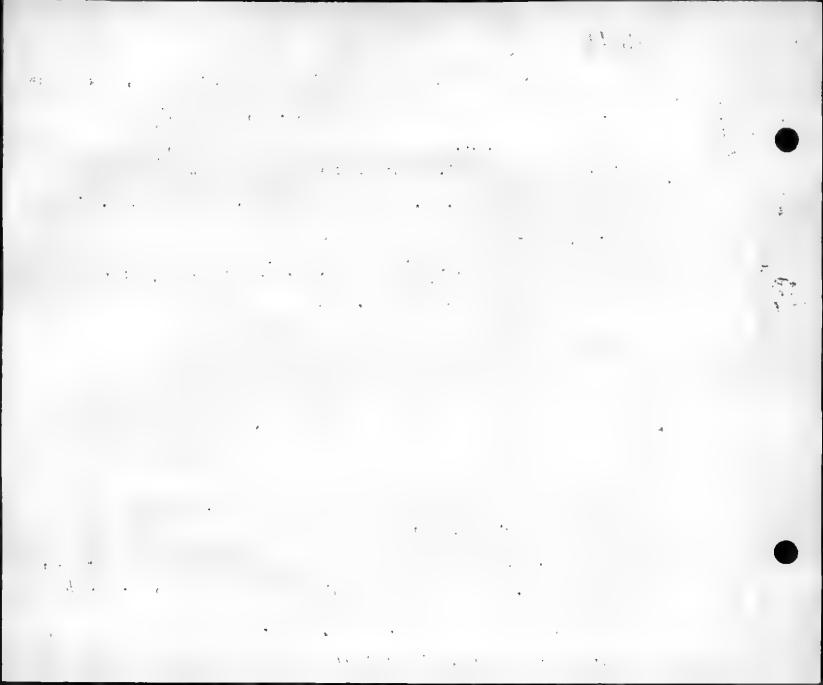
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1565!

		70040			•	PERCEIP I CA	IL OI D	PA1111						
		CEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR	-
1	(1	ype ar print)	MA	RIE	ANNA	I	PERRY		NOVEME	Manth BER 1	Day	1968	3:45A	AM Md.
	3 SE	X		4 RACE		S.	DATE OF BIRT	TH .		6. AGE (In year	IS II	F UNDER 1 YEAR	IF UNDER 24 HRS	_
		FEMALE			WHITE		EPTEME	ER 19.	1896	lost birthday)	YRS.	ONTHS DAYS	S HOURS MAN	Md.
		IRTHPLACE (State or fo	reign	7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED			COUNTY OF	DEATH				
1	canu	MARYL.	ND		U.S.A.	WIDOWED _	DIVORCE		BALTIN	AORE.			Mc	ş.
ı	10 C	TY OR TOWN OF DEATI	1		11 NAME OF HOSPITAL OR INS	TITUTION (If not	in haspital	12a. USUAL	OCCUPATION	(Kind of work			OF BUSINESS OR	-
4		TOWSOI	1		give street 如何ess) JOSE	EPH HOSE	PITAL	during mas	HOME	Me Heken it ceni	red)	INDUSTRY		
ı	13a.	USUAL RESIDENCE (Whe	re deceas	ed lived, if i	nstitution Residence before	13c CITY OR TO	)WN 136	d INSIDE CITY LIMI		REET AND NUMBI				-
ľ	admi	ssion) STATEARYL	MD	13b. COU	MBALTO. CO.		١	YES NO [	<b>x</b>   821	9 BELAI	IR RI	). #23	1236	
Ì	14. F	ATHER'S NAME Fir	st	Mis	idle Last	15. /	AOTHER'S MAID	DEN NAME Firs	t	Midd	dle		Last	d.
Н		Joseph 1	Koh It	enn			11-	rknown						
ł		WAS DECEASED EVER II	U.S. ARN	ED FÓRCES?	16b SOCIAL SECURITY N	10. 17 INP	DRMANT	u G wwij t		Addr	ess			-
1	Y	es, na, ar unknawn)	(If yes give w	or or dates of sen	ice) 216-07-84	436 SI	Idney S	7. Penn	11 - 8	219 Belo	in T	Road		
Ì		18 CAUSE OF DEATH	(Enter on	v ane raike	per line far (a), (b), and (c).)		J = 0		7		-444-44	APPRO	Oximate Interval N ONSET AND DEATH	=
١		PART I. DEATH W	AS CAUSED	BY: 4**	Camahmal		1900					DEFFICE	TORST AND DEATH	-
1		and the	IMMEDIA	TE CAUSE (a)	OR AS A CONSEQUENCE OF	110110111	14EO							-
-		Canditions, if any, wh	ich gave )	DUE TO	, OK AS A CONSEQUENCE OF									d.
-		rise ta immediate ca	use (a), (	blie to	) OR AS A CONSEQUENCE OF									-
1		stating the underlyin	g couse(	DOC TO	, OK KS A CONSEQUENCE OF									
1		PART 2 OTHER SIGNIE	ICANT CON	IDITIONS COL	TRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL I	DISEASE OR COL	NDITION GIVE	N IN PART I(a)				
		*			100000000000000000000000000000000000000									
	CERTIFICATION	19a DATE OF OPERATIO	N 19b.	CONDITION F	OR WHICH OPERATION WAS PER	RFORMED	200 AUTOPS	Y?	20b IF	YES, WERE FIND	INGS CON	SIDERED IN	CERTIFYING	-
ı	EE						YES 🗀	ИО [Ж	CAUSES	OF DEATH?				
	ERI	21g. ACCIDENT WAS L	NDERLYIN	G 21b. T	IME OF INJURY	21c. HOW			nature of invu	ry in Part 1 or P	art 2. Iter	m 18.)		-
	MEDICAL	OR CONTRIBUTING C			n 11					,	-,			
1	E G	(If either, natify medicated and INJURY OCCURRE			JURY (AT HOME, FARM, STREET FAC OFFICE BUILDING ETC.		TION Street	or R.F.D. No.	City	or Town		County	State	-
1		White Not while			OFFICE BUILDING ETC.	/						,		AM 5 5 4 4 4 AM
ı		otwork of wark of wark of the	t (IX/th	is hasnital	) attended the decease	d from NO3	rember	5.19.6	oo tallor	zember 1	119 6	o8 , the	at A (we) las	+
1		saw the dec	eased a	live an_N	ovember 11 1 (did) (did not) view the l	9_68, and 1	hat in (6%)	(aur) apini	an death	accurred an t	he date	and hav	or and fram the	e
			d abave	, <del>∛</del> I) (we)	(did) ( <del>điờ đ</del> ot) view fhe l	bady after de	ath.							
ı		22b. SIGNATURE	4	1	1 -		ATTENDING	MEI MEI		STAFF		TE SIGNED	11,1968	,
ı		1	mi.	0 1	. Jones.	DEGREE	PHYS	☐ DIR	ECTOR $\square$	PHYS.	MOVE	smber	11,1300	
ı		22d. PHYSICIAN'S NAME (Type) C	AMTT.	) Z. I	OMBOC		7620	YORK R	DAD T	OWSON,	MD. 1	#21 20	5	
														=
	23a.	BURIAL, CREMATION, REMOYAL (Specify),	23b. I			CEMETERY OR CE				ON (City or Town		(County)	(State)	
		Dwaaz	//-	14-68	Yanden	s of Fo	ith (e	metery	Bo	ltimne			1-21236	
	24.	FUNERAL DIRECTOR	11: //_	. T	-6415 Belair	0 / 22	2	Sa RECDEY	REGISTRAR 1	968 PEGIS	CLARS SI	GNATURE	440	
		youn ( . I	une	n inc	-UTIT Delaur	Koad-21	2E(J)	DATE ITOT	TOI	JUU /	1	THE SE	1	



MARYLAND STATE DEPARTMENT OF HEALTH

4 1 7 T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15661 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 2a DATE KNOWNEN Manth Day 2b. HOUR (Type or Print) DEATH MATED NOV 12 Page BLOA M Theodore Piechocki Iny delay 2, and 3 t 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 60 vi White 12-17-07 Nov Male 19 68 900A M 7a BIRTHPLACE (State or fare gn 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH Maryland U.S.A. WIDOWED [7] DIVORCED [ Bal timore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Beth. Steel Disp. Sp Pt. Md Electrician (Ship) Ship Building 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? | 13e STREET AND NUMBER death admission) STATE 13b COUNTY 2316 Foster Ave. YES 😿 NO 🗌 Baltimore 14. EATHER S NAME 15 MOTHER'S MAIDEN NAME William Piechocki Pelagia Swiecikowski 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, na\_ar unknown) 213-07-1298 Mr. Melvin J. Pryor, 3414 Pinewood Ave within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) This certificate should be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave 1 A-S-C-V-D rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6) 19d DATE OF OPERATION 196. COND TON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO P 21g EXTERNAL CAUSE WAS 21b. TIME OF INTORY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At name farm street, 21f LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x inquiry 🗔 and in my opinion Natural causes . Accident . Suicide . Homicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Nov 12, 1968 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health NAME (Type) Melvin B Davis M. D. ADDRESS(Street, city, tawn ar county) S 0 23c NAME OF CEMETERY OR CREMATORY 23g BUR AL, CREMATION, 23b DATE 23d LOCATION (City or Tawn) (Caunty) (State) REMOVAL (Specify) Holy Rosary Baltimore. 24 FUNERAL DIRECTOR ADDRESS 2Sa REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATUR M.F.SADOWSKI & SONS, 1808 EASTERN AVE. VR A15ME (5) 10M REV, 1/68

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	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1566
	CERTIFICATE OF DEATH
ENTE	1. OFCEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
E E	(Type or print) Lillie E Poling Nooth Day Year 324 N
	13. SEX 14. RACE 15. DATE UP BIRTH 16. AGE (IN YEGGS   IF UNUBLE 24 PILS.
y the Pages	Female White Caucasian / 110/83 85 rs.
hour:	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
within 24 hours after of gath in 19 filled in by the Inches on papers. Pages I and within 72 haurs after death	countert. Stain W.V. USA WIOOWED DIVORCED Beltimore Md
in 24 filled pape thin 77	10 CITY OR TOWN OF OEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. INDUSTRY
	Managlistown Ma   Nalti Co. General
camplete dave carb y event,	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY BALT, more Owings Mills YES NO 13d STREET AND NUMBER
cam nave	
and rem	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
PHYSICIAN: The law requires that the deoth certificate be executed to haspital or attending physician. This certificate has been signed by the attending physician and camples shocked for use as the burial transit permit. Then please remave carb Dept. of Health prior to burial, crematian, ar removal, and in any event,	16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address
fical ysic ol, a	Yes, 16, or Jiknown) 1 (11 yes give war or dates of service) 215-54-1185 Chart
eoth certific anding phys nit. Then p ar removol,	1B. CAUSE OF DEATH (Enter only one cause per inje for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
at the deoth cer the attending p nsit permit. The matian, ar remo	PART I. DEATH WAS CAUSED BY.  JAMMEDIATE CAUSE (a) Core bus Van euler Justific Cieury
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that the d an. by the att fransit per cremation,	Conditions, if any, which gave > G. Tildan Color P. So. 202
s that the clan. I by the transit cremat	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
res /sicion	$\frac{10st}{334}$ (c)
equires that physician. signed by burial fran burial, cren	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
e taw re tending s been os the prior to	artinos elvotre Grand Direase . Brindwomen noma
YSICIAN: The law reaspired or attending certificate hos been hed for use as the off. of Health prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO NO CAUSES OF OEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF OEATH?
The rath of the bold of the party of the par	YES NO NO NOTION OF THE PROPERTY OF THE PROPER
IAN of o of o of o first for Hec	
SICI spito sertifi t. of	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Oay Year (If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town County State
PHYSIC he haspi this cert letoched	While T Not while T (OFFICE BUILDING, ETC.
	at wark at wark 22a. I certify that (I) (this naspital) attended the deceased from 0 1 1968, to 000 2 1968, that (I) (we) las
NDI ed by ed by ee St	saw the deceased give an 1960, and that in (my) (our) opinion death occurred on the date and hour and from the
R ATTENI retoined ECTOR: A 3 should with the	couses stated above (1) (we) a di) did not) view the bady after death.  22c DATE SIGNATURE
REC 3 S S S S S S S S S S S S S S S S S S	DEGREE PHYS   MED OIRECTOR   STAFF   DOW . 91, 1968
y be y be oge	22d, PHYSICIAN'S 22e ADDRESS
PITA mo iRAI	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal from 5 should be filled with the State Dept. of Health prior to burnal, creating the proof of the prior to burnal, creating the proof of the prior to burnal, creating the proof of the prior to burnal, creating the p	230 BURIAL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 £ 2 \	230 BURIAL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  BURIAL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  Lake View (aroll Co. Md.)
VR A 5 (4)	24 FUNERAL DIRECTOR  ADDRESS  250 REC D.BY REGISTRAR SIGNATURE
30M REV 1/00	J. F. Eline & Sons Reisterstown. M. DATE NOV = 5 1968 June



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15649 15663 CERTIFICATE OF DEATH I. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR e be executed within 24 haurs after death NOV Month (Type or print) completely filled in by the funeral Morris Potlock 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR MONTHS Male White 8-6-06 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗔 BALTIMORE MD. USA Baltimor e WIDOWED [ DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address TAXI CAB Ī Randallstown to Co Gen 30. USUAL RESIDENCE (Where deceased fived, if institution, Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 8523 Glen Michael La Randallstow#□ Balto burial, crematian, or removal, and in any 14. FATHER'S NAME First Middle 1S MOTHER'S MAIDEN NAME First Lost Lost POTLOCK **JACOB** SARAH FRIEDMAN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address requires that the death certifical Yes, no. or upknown) 217-03-8728 MRS. CECELIA POTLOCK, 8523 GLENN MICHAEL LANE 18. CAUSE OF DEATH (Enter only one couse per (Top (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 16.2. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M Month Day Year 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a | certify that (1) (this hospital) attended the deceased from 11-10, 1908, to 14-11, 1908, that (1) (we) last saw the deceased drive an 1908, and that in (my) (aur) apinion deoth occurred on the date and haur and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (d d) (did not) view the body after death. 22b. SIGNATURE 22C DATE SIGNED MED. DIRECTOR ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BALTIMORE COUNTY GENERAL HOSPITAL 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (State)

MOSES MONTIFIORE

11-13-68

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

24 FJINERAL DIRECTOR

VR A15 (4)-

BALTIMORE, MARYLAND

2So. REC D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



7BALTCONKLING ST.,

VR A15 (4)



tuneral and 2 death.

ed within 24 haurs after death.

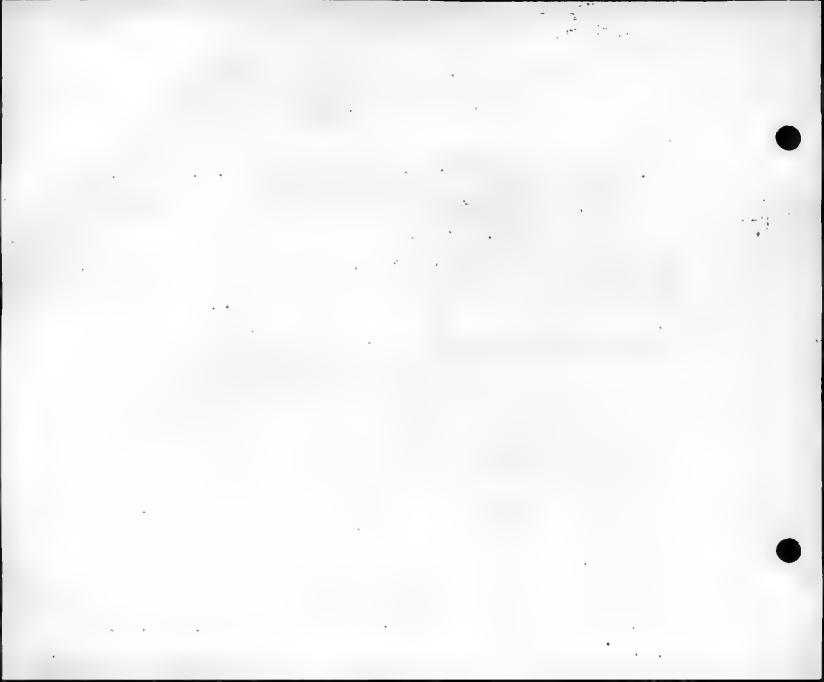
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the hospital ar attending physician.

CERTIFICATE OF DEATH

DECEASED-NAME FIRST (Type or primer)  Andle  Razmus  Andle  Andl	L		2002				PICTIL	ICAIL OI L	LAIII					
3. SEX Female  4. RACE    July 27, 1912   S. AGE (In year)   S. MURIE DELTA   S. AGE (In year)   S. MURIE DELTA   S. AGE (In year)   S. MURIE DELTA   S. MARRIED   S. MERRER MARRIED   9 COUNTY OF DEATH   S. MARRIED   S. MERRER MARRIED   9 COUNTY OF DEATH   S. MARRIED   S. MERRER MARRIED   9 COUNTY OF DEATH   S. MARRIED   S. MURITURO REVER MARRIED   120. USUAL OCCUPATION (I'm of lower) one   120. MINIOR OF STATE   S. MURITURO REVER MARRIED   120. USUAL OCCUPATION (I'm of lower) one   120. MINIOR OF STATE   S. MURITURO REVER MARRIED   120. USUAL OCCUPATION (I'm of lower)   120. MINIOR OF STATE   S. MURITURO REVER MARRIED   S. MURITURO REVER					L		R				DEATH Month 2,	Day 68 Year		
SA   NOTHER STORMS   STREET AND FUND   STREET AND HUMBER   STREE		3. SE				te				2	6. AGE (In years	MONTHS DAT	R IS LINDE	ER 24 HRS.
Conditions, If any, which gove this to immediate course (c).   PART 2 OTHER SIGNIFICATION CONDITIONS CONSTIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERN UNDS CONSIDERED IN CERTIFFING CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERN DEATH (If the moderlying course (c).   STAFF   AND				r foreign 7		HAT COUNTRY?			IED [	9 COUNTY C		e		Md
136 COUNTY   Balto   Chuings Mills YES   NO   17 Ritters Lane   18   Hours   Note   Note   No.	٦	-			33 NA 9198-1			If not in hospital					OF BUSINE	SS OR
Beechen   Anna   Pickelt				Where deceased $\mathcal{U}_{m{lpha}}$		0.1.								
Section   Continuous   Contin	1	14. F			Middle	/1	r	А		irst	Middle	Pic	lost ckett	L -
PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove it is to immediate cause (o).  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NO CONTRIBUTING CAUSE OF DEATH 9  210. ACCIDENT WAS UNDERLYING  AUTOPSY?  YES NO CONTRIBUTING CAUSE OF DEATH 9  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 9  210. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIFYING CAUSES OF DEATH 9  211. AUTOPSY?  YES NO CONTRIBUTING CAUSE OF DEATH 9  212. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIFYING CAUSES OF DEATH 9  212. ACCIDENT WAS UNDERLYING CONSIDERED IN CERTIFYING CAUSES OF DEATH 9  213. AUTOPSY?  YES NO CONTRIBUTION CAUSE OF DEATH 9  214. HOUR AM. Month Doy Year  PAM. Month Doy Year  125. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  216. HOUR AM. Month Doy Year  127. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 9  217. ACCIDENT WAS UNDERLYING CONDITION STREET OR F.D. No. City or Town County Stote  While of twork of two was considered and the DEATH AND THE COUNTY OF TOWN COUNTY STOTE OF TOWN COUNTY STOTE  220. I CERTIFY THAT IN (I) (This hospital) entended, the deceased from Certify that in (my) (our) opinion death occurred and the date and hour and from the couses stated obove, (II) (we) (did) (did-net) view the body after death.  220. BUR AL CREMATION, 23b DATE  220. BUR AL CREMATION, 23b DATE  221. AND COUNTY COUNTY (Stote)  222. APPRESS ALL CREMATION, CITY of Town (County) (Stote)  224. FUNERAL CREMATION, 23b DATE  225. REGISTRAR 25b REGIST		160 Y	WAS DECEASED EVE topo, or unknown)				45	7 INFORMANT In. John 1	P. Raz	mus Ji	e. Owing	s Mills,	Md.	
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DEGREE PHYSICIAN'S NAME (Type)  230. BUR AL (REMATION, B.			220. I certify that (1) (this hospital) ettended the deceased from Sune, 1968, tollorential, 1968, that (1) (we) lost saw the deceased glive an Arrendian 2-1968, and that in (my) (our) opinion death occurred an the date and hour and from the											
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Brest Oracle Specify) 11/4/68 Lake View Memorail Carroll Co. Md.  24 FUNERAL DIRECTOR P. C. D. ADDRESS M. 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	On agreet		NAME (Type)					1/190	4 Pers	lente	A Kee	steista		Md
M / M / M / M / M / M / M / M / M / M /		В	BENOVAL (Specify)			Lake		Memorail		(a	rroll (o.	Md.	(\$tot	ie)
	6	24	FUNERAL DIRECTOR	re & Soi	rs Rei	sterstown,	Md		MC				Inda	e.

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove tarban papersy shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 to VR A15 (4) 30M REV 1x68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15666 15652 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH death. 2b. HOUR executed within 24 hours after death ond (Type or print) ARTHUR STANLEY REEDER SR. NOVEMBER" 6:35 3 SEX 4 RACE S DATE OF BIRTH 6 AGE ( n years #F JMDER 1 YEAR TE UNDER 24 MRS 1/8/95 last birthday) RDURS Male White and completely filled in by remove corban popers. Pa 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [ ] NEVER MARRIED [ Maryland popers. h n 72 h U.S.A. WIDOWED XX DIVORCED **Baltimore** ID CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Veterans Administration Hospital Laborer Steel Fort Howard 13a USUAL RES DENCE (Where deceased lifed, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS7 13e STREET AND NUMBER admission) STATE 3b. COUNTY 547 E. Gittings Street YES XX NO Baltimore Maryland 14 FATHER S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Lost AMAS REEDER Emma 1 a Bristow The low requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAŁ SECURITY NO. 77 INFORMANT [If yes give wor or dates of service) Yes, no. or unknown) 215 05 5340 Clin. Rec. VA Hospital, Ft. Howard, Md. WW T cremotion, or remitted 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ) BETWEEN DASET AND DEATH PART DEATH WAS CAUSED BY RESPIRATORY FAILURE permit. 4 DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions if any, which gave ) OBSTRUCTIVE PULMONARY EMPHYSEMA YEARS rise ta immediate cause (a) DUE TO OR AS A CONSEQUENCE OF stating the underlying cause CHRONIC BRONCHITIS YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [6] as been : os the l prior to b Page 4 may be retained by the haspital or attending 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has detoched for use as CAUSES OF DEATH? detoched for use YES 🔲 NO 🗍 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter notise of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. director, page 3 should be detoche should be filed with the State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work TO FUNERAL DIRECTOR: After 22a I certify that (9) (this hospital) attended the deceased from Nov. 18, 19, 68, to Nov. 21, 19, 68, that (0) (ast saw the deceased alive an Nov. 21 19.68, and that causes stoted abave/(4) (we) (did) (as not) view the body after death. \_\_19.68, and that in (and (our) opinion death occurred on the date and have and from the 22b. SIGNATURE 22c DATE SIGNED 11/21/68 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) RODOLFO G. MIRO. M.D. VA HOSPITAL, FORT HOWARD, MD. 21052 23a. BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Tawn) (County) (State) REMOVAL (Specify) Glen Haven Cemetery Glen Burnie DATE REGISTRAR 24 FUNERAL DIRECTOR 130 E. Fort Ave. 2Sb. REGISTRAR S. SIGNATURE VR A15 Ocharles McCully Funeral Home Bolto 30 Md



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Page 4 may be retained by the hospital or attending IO FUNERAL DIRECTOR: After this certificate has been





### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15669 15655 CERTIFICATE OF DEATH 1. DECEASED NAME First Lost 2o. DATE OF DEATH (Type or print) Sonia Latalie Richman 4. RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF UNIOER I YEAR last-birthday) White Female 3-7-38 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MY NEVER MARRIED BALTIMORE MD. U.S.A. Lal cimore bounty WIDOWED DIVORCED [ physician and campletely filled en please remave carban pape 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR requires that the death certificate be executed within 1. during most of warking ite, even if retired) give street oddress). INDUSTRY hand llstown Co Gen OUSEWIFE 13e. STREET AND NUMBER AT HOME signed by the attending physician and camplete burial-transit permit. Then please remave cark burial, crematian, or remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Uwings Mil o Westmate admission) STATE 1-127 1 2m 13b COUNTY NO X T AEP [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Last BERNARD KLEIN ANNA ROSENBLOOM 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) #6 WESTGATE CT. OWINGS MILL MIR. HARRY RICHMAN. 18. CAUSE OF CEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DIMBETIC DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPRY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GS CAUSES OF DEATH? certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. N.JRY OCCURRED While Not while at wark 27e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from 1/24, 1965, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 225 SIGNATURE 22c. DATE SIGNED

PHYS DIRECTOR 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION 23b. DATE ROSEDALE, MARYLAND 11-6-68 AHAVASM SHALOM ADDRESS 25a RECD BY REGISTRAR 24. FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

(County)



15670

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Loring Byers Funeral Service 8728 Liberty Rd DAYL BEC 2



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH	
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ned by OR: After ould be the Stat	l	22a. I certify that (1) (this haspital) attended the deceased from 1, 1930, to 10016, 1967, that (1) (we) saw the deceased alive an 1007 1 1967, and that in (my) (aux) apinian death accurred an the date and have and from causes stated above, (1) (we) (did) (did not) view the bady after death.	last the
be retain DIRECTO DIRECTO Je 3 sho Je 4 sho led with	l	226 SIGNATURE ATTENDING DIRECTOR I STAFF I 221 DATE SIGNED TILE SIGNED TILES	-
ERAL Gr. pag d be fi		22d. PHYSICIAN'S DAVID H-ANDEWMD 322-Kerneway Balto. Md 212	./ .
Page 4 director	7	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (County) (Stote) (XFCRP) (XFCRP)	
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR T. NEW WIRM & SON, EASTON, MID DATE NOV 19 1968 GEGISTRAR'S SIGNATURE DATE NOV 19 1968	



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15672

		CEASED NAME	First		Middle	_	Last		2a DATE OF	DEATH	_		2b. HOUR
· ·	()	ype ar print)	Julian		M.	R	ogers			1 Month	28°Y	68 <sup>Year</sup>	2128M
1	3 SE	x W	4.	RACE V		S	DATE OF BIRTH	877		6. AGE (In state)	years (αγ) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
L	Gent.	BIRTHPLACE (Stote or Intry)	/a.	U.S.A		MARRIED WIDOWED	NEVER MARRIED DIVORCED		COUNTY OF Bal	<b>DEATH</b> timor	е		Md.
^		aty or town of bea Catonsvill	.e	97486	of Hospital or Inst Patteig				occupation American			126 KIND OF INDUSTRY IONERY	BUSINESS OR -Ret¹d
ŧ	13a admi	usual residence (w issop) statMar Patleigh	re deceased live	ed, if institution Balt	Residence before	13: (ITY OR TO Catons	1/2	INSIDE CITY LIMIT		Patl		Road	
	14. F		isi nder H	Middle amilton	Rogers	15. 1	NOTHER'S MAIDE	N NAME Firs Juli			Middle	Cla	lost igett
	16a. Y	WAS DECEASED EVER	IN U.S. ARMED FO		SOCIAL SECURITY N 16-09-99		ormant rs. Jul	ian N	1. Ro		ddress	ame	
		IB. CAUSE OF DEATH PART 1 DEATH Conditions, if only, we nise to immediate a stating the underly lost	WAS CAUSED BY. IMMEDIATE CA which gave ause (a),	USE (0)  DUE TO, DR AS A  (b)  DUE TO, OR AS A	CONSEQUENCE OF	cleri	the please	les.	Allado	leser	!H	APPROXI	MAYE INTERVAL NSET AND DEATH
	N	PART 2 OTHER SIGN	IFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DIS	EASE ORCO	NDITION GIVEN	I IN PART 1(d	1)	0	
эĆ	CERTIFICATION	19a. DATE OF OPERATI		ITION FOR WHICH C	PERATION WAS PER		20a AUTOPSY?	ио 🔯	CAUSES	OF DEATH?		INSIDERED IN CE	RTIFYING
	MEDICAL CE	21a. ACCIDENT WAS  or contributing  (If either, natify med	CAUSE OF DEATH dical examiner)	P.M.	anth Day Year		INJURY OCCURR		ature of injur	y in Part 1 a	ır Part 2, li	tem 18.)	
		21d. INJURY OCCURS While Not while at work at wark		<b>₹ OFF</b> 6	IOME, FARM, STREET, FACT CE BUILDING, ETC.	_1				ar Tawn		County	State
		couses stot	ceased alive ed above, (I)	gn		ody after de	oth.		an death a	ccurred a		, that te and haur ATE SIGNED	(1) (we) last and from the
1		22d PHYS (JÁN'S NAME (Type)	Dr. M	anuel J	. Rodrig	DEGREE GUES	PHYS. 22e. ADDRESS	Sul	phur S	phys. L Sprin		ad	6/
	23c.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1 1 — G	80-68		EMETERY OR CE Ceme	tery			burg,		(County)	∜a₊ Va.
3		FUNERAL DIRECTOR enry W.	490kins	ork Ro	S CO Balto	21212 Md	250	EC 2	REGISTRAR 1968		GISTRAR'S	SIGNATURE	فر

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

scuted within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

and 2 after death.

hours

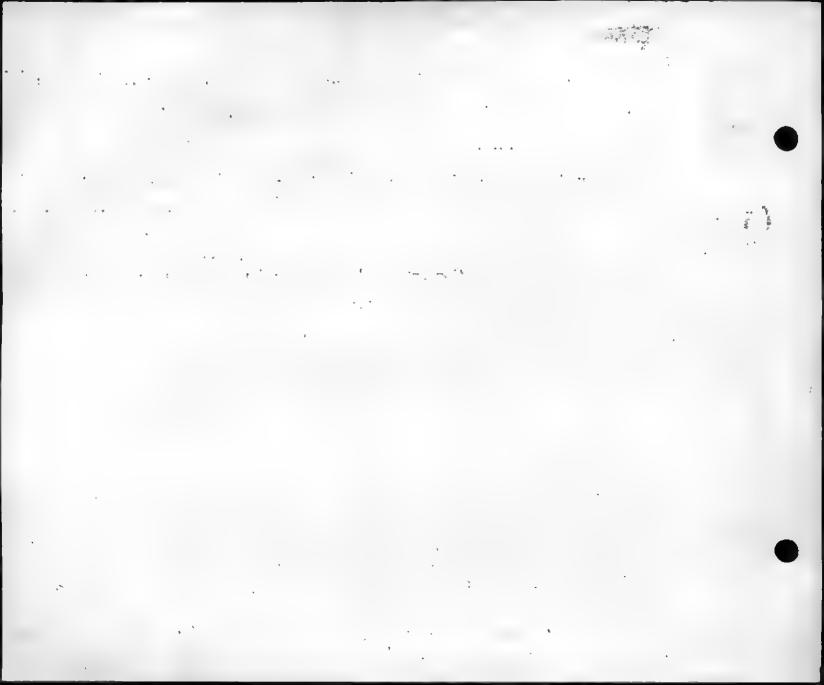
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Led within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

1565	9	(	CERTIFICAT	E OF DEAT	ГН	-,		190	1 -5
1 DECEASED-NAME (Type or print)	First	Middle		Last	20.	DATE OF DEATH	th Day	Year	2b. HOUR
* * * * * * * * * * * * * * * * * * * *	BLANCHE	IRENE	ROS			NOV.	7th.	1968	1:45
3. SEX	4 RACE	P PPS 4-16		ATE OF BIRTH		last bi	n years thday)	F JNOER 1 YEAR MONTHS DAYS	IF UNGER 24 HRS. HOURS MIN.
FLMALE		WHAT COUNTRY?	1	OCTOBER		. 188≱ UNTY OF DEATH	36 YRS.		
7a BIRTHPLACE (State country)			8. MARRIED N		11 11				
Pittsburg 10. CITY OR TOWN O	Penna U.S.	A.  NAME OF HOSPITAL OR IN	WIDOWED X	DIVORCED [		Ltimore (		Tion kinds on	M-
	To Manager 1	ive street address)	STITUTION (IT NOT IN I	duri	ng masi af	warking life, ever	if retired }	125 KIND OF INDUSTRY	
	le, Maryland C	ive street address) ollege Mano	r Nursing	Homel O	wner (	of Busine 113e Street and	SS	Dry	Cleanin
1 5 67170	Maryland 136 COUNT	Y	1	Nec SE	K NO			. 5	
14 FATHER'S NAME	mary ratio v		Baltimon	re =	,	Wyman Pa	Middle	ts. Bal	
14 FAIMER S NAME	First Middl		15. MO	THER'S MAIDEN NA	AME FIRST		Middle		Lost
160 WAS DECEASED	EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY	MO 117 INSOR	MANT / ~			Address		
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11110	IMMEDIATE CAUSE (o) _		(D)- C	EACCO	C Ly	6-4-47			
60nd tions it	DUE TO, (	OR AS A CONSEQUENCE OF							
rise to immed	rate cause (a),	OR AS A CONSEQUENCE OF							
stating the ur last.	derlying cause	DK AS A CONSEQUENCE OF							
	SIGNIFICANT CONDITIONS CONTR	DIRITING TO DEATH RIT N	OT PELATED TO THE	TEDUINAL DISEAS	E OPCONDIT	ION CIVEN IN PAPT	1(a)		
	SIGNII ICANI CONDITIONS CONT	COUNTY OF PERMIT BUT IN	OI KLEALED TO THE	TERMINAL DISORS	CORCONDI	ION CITEM IN TAKE	1(0)		
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19a. DATE OF OR	STO. CONDITION	WHICH OF ENGINEE	A ORNED		10 DX	CAUSES OF DEAT		, priore little in Ci	
		E OF INJURY	21c. HOW II	JURY OCCURRED	(Enter natu	re of injury in Part	1 ar Part 2,	Item 18)	
	IG CAUSE OF OFATH HOUR A	.M Month Day Year .M. 1							
	CHRRED 21e PLACE OF INIII	RY (AT HOME FARM, STREET, FA		ON Street or R.F.	D. No.	City or Town		County	State
While Nat	white work	DIFFICE BOILDING, ETC		19/2		1/2	~7	10	
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saw th	e deceased alive an stated above, (1) (we) (6	(A) (did mad) via v aba	19 <u>62 %</u> , and the	it In (my) <del>(eu</del> r	) apinian	death accurred	l an the do	ate and havr	and fram th
22b SIGNATURE	Stated above, (i) (we) to	let for more view line	bady after deal				220	DATE SIGNED	10/
1 7 1	1 PAR	Kreeh)	M DEGREE	ATTENDING PHYS	MED.	OR STAFF		11-7	-68
22d. PRYSICIAN NAME (Ty)	15 Wm. G. He	Frich		22e. ADDRESS 3	Rolai	id Aire	, Ba	elte, Me	ď·
23a BJRIAL, CREMA		23c NAME OF	CEMETERY OR CREA			LOCATION (City o	r Tawn)	(County)	(State)
CHE SULCE TI		F GHEEM	210111:7	- (tema	TOIX	Balto	11	1d.	
24. FUNERAL DIRECT	OR . 37	ADDRESS	72.15	∠ 2Sa Ri	EC D' BY REG	ISTRAR 25b.	REGISTRAR S	SIGNATURE	
M/VA: CG	ek-brooks,+	Bolto	Ma.	DATE	NOV 1	2 1968	fice	may bear	A STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician¹ and camβletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carban page should be file with the State Deπt. af Health prior to burial, crematian, ar remaval, a∎d in any event, within the state Deπt. af Health prior to burial, crematian, ar remaval, a∎d in any event. VR A15 (A) 30M REV. 1/68



VR A15 (4) ~ 30M REV 1/68 250 REC D BY REG STRAR

255. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17214 CERTIFICATE OF DEATH DECEASED NAME Lost 2o. DATE OF DEATH 2b HOUR (Type or print) Month Rudiger Teresa 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER YEAR AF LINOFR 24 HRS last birthday) Female Cau. 9-12-1906 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH executed within 24 houl 8. MARRIED NEVER MARRIED papers. hin 72 ha Baltimore U.S.A. WIDOWED | DIVORCED [7] Baltimore 10 CITY OR TOWN OF DEATH 120. JSUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address! during most of working ite, even if retired)
Housewife INDUSTR¥ Baltimore 1247 Darleigh Rd. Housewife 130 JSUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 3d MSIDE GTY LIM TS? 13e STREET AND NUMBER adm ssion) STATE 13b COUNTY NO Y Md. 4247 Darleigh Road 36 Baltimore 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Nicholas Spartana Genevieve Russo please requires that the death certificate. physiden 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) burial-transit permit. burial, crematian, or re DUE TO, OR AS A CONSEQUENCE OF Conditions, fony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO ON 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No City or Town County Stote While Nat while of work 22a. I certify that (I) (this hospital) attended the deceased fram 1964, 19, to Nov. 29, 1968, that (I) (we) last saw the deceased alive an Nov. 29, 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22¢ DATE SIGNED ATTENDING STAFF DEGREE director, page should be filed DIRECTOR L 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) 8106 Harford Rd., Baltimore, Md. Harold H. Burns, M.D. 23b. DATE 230 BUR AL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) Burial Burial Fullerton. St. Joseph's Cemetery Baltimore. 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE DAT DEC 2 3 1968 Arlander Judge Lassahn Funeral Home, 7401 Belair Road21236

MARYLAND STATE DEPARTMENT OF HEALTH



		/ I	P4 1	1m 407 Item 18 11-26-68 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15676
		-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15676
`	7			15663 CERTIFICATE OF DEATH
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	r death uneral l and r death			William Schanehorn Nov. 16 1968 121
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	executed within 24 haurs after death campletely filled of by the funeral amove carbon parers. Egges 1 and 3 any event, within Various after death		130	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CUTY OR TOWN 13d MS-DE CITY JM-175? 13e STREET AND NUMBER ssion) STATE M & 17b COUNTY 13a 1+1 0 YES NO 3223 + 1927 54.
	icyle be exected and capelage remay (, and in any capelage)	7"	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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	th certifiting phy			18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN OWSEL AND DEATH
	attending permit. The			PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Concinomatos is 6 months
١.	he d e att per tian,			DUE TO, OR AS A CONSEQUENCE OF Colon by History Conditions, if ony, which gove)
`	that than an.  by the transit presenting the transit present presenting the transit present			rise to immediate couse (a), (b)
7.	es e			stating the underlying couse lost. (c) (c)
	O HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death certritically provided that the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending phydractor, page 3 shauld be detached for use as the burial-fransit permit. Then should be filed with the State Dept. of Health priar to burial, cremation, ar remaval.		- 4	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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	s PHYSIC the haspi this certi detached e Dept. o			21d. INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State Of work of work
:	by the the the control of the contro			22g.   certify that (1) this haspital) attended the deceased from 11-4-1968, to 11-16-1968 that (1) Iwo) loss
_	R: Al			saw the deceased alive an 11-15 19-5, and that in(my) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (aid) (did not) view the body after death
	retained retained ECTOR: / S shauld with the			226 SIGNATURE 20 DATE SIGNED
	DIRE S			Degree PHYS DIRECTOR D STAFF DI 11-16-68
	NO HOSPITAL OR Page 4 may be re TO FUNERAL DIRE director, page 3 shauld be filed w	1		22d PHYSICANS NAME (Type) Ravid I. Miller 22e ADDRESS 9/15 Reistantown Rd.
2	FEG Shaul	2	230.	BURIA_CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
i	V-	C	24,	REMOVAL (Specify) 11/20/48 New Cathedral Cem Balto, City Hd.  FHYERAL DIRECTOR 250 REG STRARS SIGNATURE  250 RECD BY REGISTRAR 250 REG STRARS SIGNATURE
	VR A15 }	69	1/	Cork. Brooks Balline. Ind. DATE NOV 19 1968 Killarles Juage



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled us director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. of Health prior to burial, cremation, or rem≡val, and in any event, within 72

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification of may be retained by the haspital or attending physician.

be executed within 24 hours after death.

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	3. SE		MALE	4 RACE	₩ HITE		S. DATE OF 8	5/05		last birth	yeors In U	NUER I YEAR	F UNDER 24 HRS. HOURS MIN
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		was deceased ever it es, no of unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY		RS. GOL	DIE WEI	NBERG,		LABYRII		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Inse to mined are cause (a);  stoting the under ying couse  [ast  [b]  DUE TO, OR AS A CONSEQUENCE OF  [c]  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									ET AND DEATH			
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(X)	<sup>24.</sup> S <i>O</i>	FUNERAL DIRECTOR L LEVINSON	& BR	05.,601	O REISTERS	TOWN	ROAD	DATE OV	registrar 1 4 19	68 <sup>25b.</sup> 8	EGISTRAR'S SIGN	ATURE	R



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

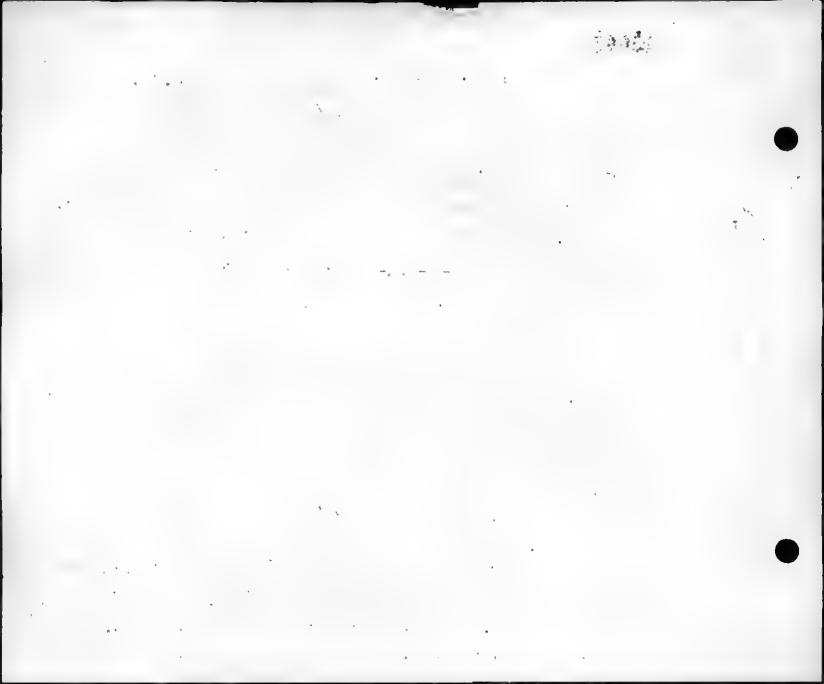
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en sig he bu to bu	×	HI & Can		WHICH OPERATION WAS PE		ulli	2 -			Chri	
icote has been for use as the Health prior to	CFRTIFICATION	19a. DATE OF OPERATION	19b. CONDITION OR	WHICH OPERATION WAS P	RFORMED	20a. AUTO	PSY? No 🗔	CAUSES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	TIFYING
for us for us f Heoft	CALCER		SE OF DEATH HOUR A.	OF INJURY M. Manth Day Year M. 14		HOW INJURY OCC	URRED (Ent	er nature of inju	ry in Parl 1 ar Port 2,	Item 18.)	
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	MFD	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		LOCATION Stree	t or R.F.D. No	o. City	or Town	County	State
er t		220   certify that	(I) (this bosnital)	attended the decess	ed from	//1/60	19	. to _L	1/17/68 19	that (	I) (we) lost
R: Aft ould by the St		sow the deced	sed alive on obove, (I) (we) (d	ottended the deceose 1/15/68 1 d) (did not) view the	9, ai body ofter	nd thot in (m deoth.	y) (aur) op	inian deoth (	occurred an the d	ate and hour o	nd from the
RECTO 3 sho d with		22b. SIGNATURE	Ma			ATTENDIN		MED. DIRECTOR	STAFF -	DATE SIGNED	
RAL DI	,	22d. PHYSICIAN S NAME (Type)	0			22e. ADD			Maris Ho		
and	22	BURIAL, CREMAT ON,	23b DATE	23c NAME OF	CEMETERY O	D CDEMATORY		23d LOCATIO	ON (City or Town)	(County)	(Stote)
dire sho	234	REMOVAL (Specify)	11/20/68			rk Cemet	tery		ltimere, !		/
VR A15 (4) 30M REV 178	24	FUNERAL DIRECTOR Leonard J.		ADDRESS			2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR		lse.
SUM KEY 1/68		TO OTHER OF				7	DATE	V 18 1	968 gch	1	a

cecuted within 24 hours ofter

That the death certificate better

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician.



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the feveral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

within 24 hours ofter death

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

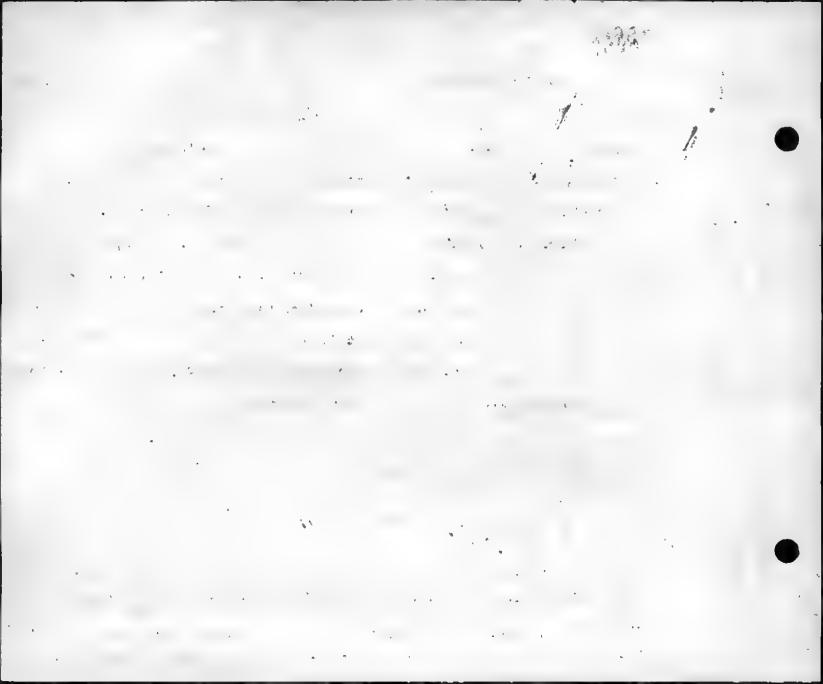
Page 4 may be retained by the haspital ar attending physician.

VR A75 (4) 30M REV. 1/68

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	200				CEKIII	ICATE OF DEATE	1				
	ECEASED NAME	First		Middle		Last	2a. [	DATE OF DEATH			2b. HOUR
(1	(ype ar print)	Jo	Ann S	chindler				Month	Dαγ	68	8:45PM
3. SE	X		4 RACE			S. DATE OF BIRTH		6. AGE (In ye	ars IF	JNOER 1 YEAR	IF UNDER 24 HRS.
	Female		lafte.	ite		5/3/68		last birthda	YRS. 6	INTHS DAYS	HOURS MIN
7a I	BIRTHPLACE (State or fore	ign 7	b. CITIZEN OF W		8. MADDI	ED NEVER MARRIED	9. cou	NTY OF DEATH	185		
	ntry) Balto	.City	T .	7	WIDOW			D 211			Md.
30 (	Maryland		11 N	AME OF HOSPITAL OR IN			ISUAL OCCU	PAT ON (Kind of work		12b KIND OF	BUSINESS OR
			give	street address)		during	most of w	orking life, even if re		INDUSTRY	
130	Owings Mill USUAL RESIDENCE (Where	decensed	lived if institu	osewood St	ate i	OR TOWN 134 INSIDE CT	TY LUMITS?	ne 13e STREET AND NUM	RED	Non	e
odm	ission) STATE		13b. COUNTY	_/		VEC	NO [				
2.4 (	Morey T FATHER'S NAME First		Middle	City	Ba_	15. MOTHER'S MAIDEN NAME	C Coah	6309 Pro	m Ave	1	Lost
179, 1						15. MUSITER 5 MAIDEN MAME	E LIIZI	495	adie		F021
16.0	. WAS DECEASED EVER IN		N. Sch	indler 1166 SOCIAL SECURITY	NO II	7. INFORMANT	Ri		rphy_		
100.	(es, na, ar unknawn)	i yes give war o	at dates of service)		NO.						
	No.			None		6309 Brown	Avo.	Baltimore	Md.	2122	MATE INTERVAL
	18. CAUSE OF DEATH (I PART I. DEATH WAS			ine far (o), (b), ond (c	).}					BÉTWEEN O	HTA3O ONA T32NC
	PART I. DEATH WA.	IMMEDIATE	CAUSE (o)	Acute pas	sive	Congestion P	ulmon	ary		Term	ninal
	* * *			AS A CONSEQUENCE OF		· ·		•			
	Conditions, if any, which rise to immediate cou		(b)	Congestiv	ze Hez	art Failure				Term	inal
	stating the underlying	couse	DUE TO, OR	AS A CONSEQUENCE OF	F						
	last.	×	(c)	Encephalo	path	y Congenital,	Hydr	anencepha	ly	6 Mos	6 dys
	PART 2 OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBU	JTING TO DEATH BUT I	NOT RELATE	D TO THE TERMINAL DISEASE C	OR CONDITIO	ON GIVÊN IN PART 1(0)			
×	Mening	coenc	ephalit	is 3 mc	onths	prior to dea	th				
CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDIT ON FOR WI	HICH OPERATION WAS P	ERFORMED	20c. AUTOPSY?		20b IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONS	ADERED IN C	ERTIFYING
ZIE!						YES 🔀 NO	-		ves		
	210 ACCIDENT WAS UN		2.0 .,,,,			. HOW INJURY OCCURRED (En	nter nature	af injury in Port 1 ar	Part 2, Iten	n 18.)	
MEDICAL	OR CONTRIBUTING CAU			Manth Day Yea	19						
Æ	21d INJURY OCCURRED	21e. PL	ACE OF INJURY	AT HOME PARM STREET FO	ACTORY,) 21	F. LOCATION Street or R.F.D.	Na.	City or Town		Canuth	State
	While Not while of work	J_									
	22a Leertify that	(I) (this	haspital) att	ended the deceas	sed from.	29 Oct , 19 and that in (/ŋ/) (aur) c er death.	2_68_,	te 9 Nov	., 19.6	3, that	(I) (we) last
	saw the dece	isod aliv	e an 9	NOV )	19 <u>68</u> ,	and that in (m/) (aur) c	apınıan d	leath occurred an	the date	and havr	and from the
/	causes stated	obave,	(we) (d.o)	(dyd not) view the	bady att	er death.			1 00 000		
K	22b. SIGNATURE		/ /	$\times J$		ATTENDING	MED.	STAFF [		E SIGNED	
1	Rech	ext	- 00	descen	2 0	EGREE PHYS	DIRECTOR	PHYS 妃	10	Nov.	68
	22d. PHYSICIAN S NAME (Type)			V		22e. ADDRESS	7 (1		. T II -		
	R0			nes M.D.				inty Gener		<del></del>	
230.	BURIAL, CREMATION, REMOVAL (Spenfy)	23b. DA	TE .	1 1		OR CREMATORY		LOCATION (City or Tow		(County)	(Stote)
	- 1	11/	37/11	31 Y	भे ० प्र	cn la -		table T	in land	TT TALESTING	ll.
24.	FUNERAL DIRECTOR	17	al hor	ADDRES	S	25a. RECT	D BY REGIS	IKAK ZSb. REG	ISTRAR'S SIC	SNATURE CA	2.4
	para concord Li	MITTORY.	-11-		U 1	O P I DATE N	11 VIII	A TORRE	11 lilen	WAL VA	LAAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 156 - 0 15667 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle 2n. DATE OF OFATH Last 2b. HOUR physician and campietely filled in by the Fugeral non please remaye carban papers. Pages 1 and 2 and 2 and 1 and in any event, within 72 hours after death. fithin 24 haurs after death (Type or print) Month Ben jamin Schrenker 1968 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS last birthagy) DAYS HOURS 1-6-1893 Male Cau YRS 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore U.S.A. WIDOWED 3 DIVORCED [ Baltimore 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NDUSTRY Selfenploy during most of working life, even if retited ) nive street oddress) Fullerton 3800 Putty Hill 13a. JSUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 21236 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES [ Baltimore Fullerton Putty Hill Age IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME M.ddle Lost Middle First Lost Ben jamin Schrenker Catherine Braun 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, ng, or unknown) 219-36-0077 Edward B. Schrenker 3800 Putty Hill 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) cremation, Conditions, if any, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 2Do. AUTOPSY? CAUSES OF DEATH? YES T NO T 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) for DR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year detached 2 d. N.JRY OCCURRED 210 PLACE OF IN.URY (AT HOME FARM-STREET, FACTORY.) 21f LOCATION Street or R.E.D. NO. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 196 D, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive\_an. shauld causes stated above (1) (we) (did) (did not view the body after death 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE director, page should be filed DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAS SPECIFY Baltimore Parkwood emetery Coa

"elair 21236

VR A15

24. FUNERAL DIRECTOR

Lassahn Funeral Home 7401

25b REGISTRAR S SIGNATURE

2Sq REC D BY REGISTRAR



by the funeral Pages 1 and 2 ours other death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filted in director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 by

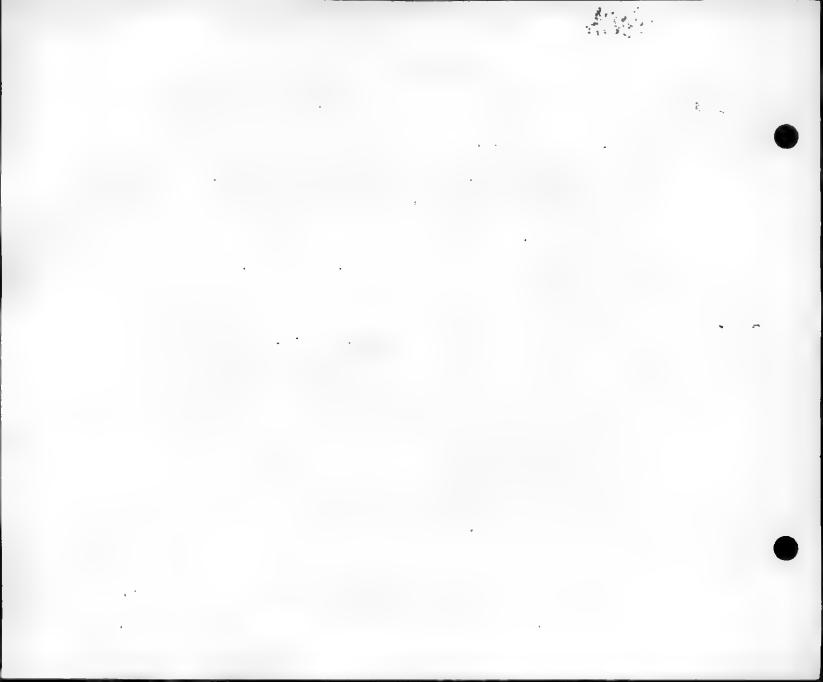
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician.

purs after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

_ 2 £			ECEASED NAME First		Middle	Lost	2a. DATE OF DEATH	26 HOUR
unerol 1 ond 2 gr deoth.		·	Type or print)	M	larguerite	SCOTT	Month Day	2 1968 9 A.
		3 SI	X	4 RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF JNDER 24 HRS
in by the		E	[emale	White		January 9,	1897   last birthday) YRS	MONTHS DAYS HOURS MIN
5 P			B RTHPLACE (Stote or foreign	76 CITIZEN OF WHAT CO	OUNTRY? 8 MAR	RIED NEVER MARRIED	9. COUNTY OF DEATH	
		1	laryland	U.S.A.	WiDo	WED 🛣 DIVORCED 🗀	Baltimore,	Ma
filled in by papers thin 72 boc		10	CITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL OR INSTITUTIO	N (If nat in hospital 12a 1	USUAL OCCUPATION (Kind of work done	126 KIND OF BUS NESS OR
bon wit	-C	_	lowson	give street of St.	Joseph Hos	oital during	a most of working life, even if retired)	INDUSTRY
r this certificate has been signed by the ottending physician and completely fitted detached for use as the burial-transit permit. Then please remove corbon pape to Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.	13	13a adm	USUAL RESIDENCE (Where decease ission) STATE tary Land	lived, funstrution Re 13b COUNTY Bal		TY OR TOWN 13d INSIDE C	NO 2 13e STREET AND NUMBER  613 Crambrool	Rd.
emo any		14	FATHER S NAME First	Middle	Last	IS MOTHER'S MAIDEN NAM		Last
n ol Se r din		L	Henry	C. Schmi		Kather	ine Bendewalld	
hysicia n pleo vol, on		160	WAS DECEASED EVER IN U.S ARMI		SOCIAL SECURITY NO L <b>7 - 03 - 2800 D</b>	Mrs. Dorothe	a K. Everitt, Same	as # 13
The The			1B. CAUSE OF DEATH (Enter anly	one cause per line far	(a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
adire in the			PART I DEATH WAS CAUSED	BY: TE CAUSE (a) Gen	eralized po	eritonitis acu	ite	CONTRACT OF CART
offe on, (			5621	DUE TO, OR AS A CO	-			
the sit p			Conditions, if only, which gave ) rise to immediate cause (a),	(b) Div	erticuliti:	with abscess	s formation and per-	_
ron			stoting the underlying cause	DUE TO, OR AS A CO	ONSEQUENCE OF for	ration		
iol-i			lost 5727	(c)				
S P P							OR CONDITION GIVEN IN PART 1(a)	
the or to		NO.	Multiple absce	_	.Ver and bri		Local as New Arrest Amburga	
as to as		CERTIFICATION	170. DATE OF OFERATION 170 C	OND HON FOR WHICH OF	TERATION WAS PERFORME		206. IF YES, WERE FINDINGS COL CAUSES OF DEATH?	NSIDERED IN CERTIFYING
te h	- 1	CERT	21a ACCIDENT WAS UNDERLYING	216 TIME OF IN. JE	RY I	1	Enter nature of injury in Part 1 or Part 2, the	am ID)
rtifica of for		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mar P.M.	nth Day Year			200 10 )
ifter this cel be detache State Dept.		×	21a INJRY OCCJRRED 21e, F While Nat while	PLACE OF INJURY (AT HO)	ME, FARM, STREET FACTORY )	If LOCATION Street or R.F.D.	. Na. City or Town	County State
de la			at wark of wark	. h	1.0		0.68 11/22/	58
- A			saw the deceased all	ve on 11/22	ne deceosed from	and that in (my) (nur)	9 68, to 11/22/ 19 opinian death occurred on the date	e and hour and from the
90 de 1			causes stated obove,	(I) (we) (aid) (aid r	not) view the bady a	fter death.	opinali dodili vecolica dii ilio dali	e dire noor one nominie
S S S S S S S S S S S S S S S S S S S			22b. SIGNATURE	1 17	4	ATTENDING	MED STAFF 22c DA	ATE S GNED
ge G				nuit 1	5	DEGREE PHYS	MED STAFF PHYS. 2 11	/22/68
FUNERAL DIRECTOR: A rector page 3 should hould be filed with the	1			1 C. H. Lee			rk Rd., Towson, Md.	21204
derector should be	8	В	GI IGI			y OR (REMATORY ge Cemetery	23d 10(ATION (( ty ar Tawn) Pikesville, Md.	(County) (State)
VR A15 45M 1/	W.	24 W	FUNERAL DIRECTOR  M. Cook-Brooks	Towson, Inc	c. 1050 Yor Towson,	k Road 25g REC	NOV 2 5 1968 REGISTRALS S	IGNATURE Judge



# es and 2 offer death. DECEASED NAME (Type or print) First M ddle TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Robert TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave karban papets. Should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 spaurs. petelywilled in la

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1568/ Lost 20. DATE OF DEATH Month 11 1. Doy

(Type or print)	Robert	1	3-11	lers		11	Month 4 Day	O Yeor	12:10 M
3. SEX Male	4. RAC	White	!	3-22-			6. AGE (In years lost eightdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a BIRTHPLACE (State country)	or foreign 7b. CITIZE	N OF WHAT COUNTRY? USA	WIDOWED		ED 🗍		imore		Md
	town		lto Co	Gin	during most of	working lif	Kind of work done le, even if retired.)  26 School	INDUSTRY	o City
odmission) STATE	(Where deceosed lived, 1	f Institution: Residence befor DUNTY	● 113c CITY OR 1 し 上し		AE2 WO W		14 Ch rus	_1 Dr.	•
14. FATHER'S NAME Aethel		Middle Lost	15.		DEN NAME First  A. Small	rdon	Middle		Lost
160 WAS DECEASED EV Yes, no, or unknown No	(i yes give wor or dates of			formant Mrs. El	lizabeth	D. Se	Address		
	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (a), (b), and	(d).) _e \[ \frac{1}{4}	Moc	ardial	Ju	faretion		GMATE INTERVAL ONSET AND DEATH
	, which gove te couse (o), DUE COUSE (O), DUE	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF CO.  ONTRIBUTING TO DEATH BUT	OF NOT RELATED TO	THE TERMINAL	0 11	TIQN GIVEN	IN(PART 1(0)		
190. DATE OF OPER		FOR WHICH OPERATION WAS	- A-	20a. AUTOP			ES, WERE FINDINGS CO OF DEATH?	INSIDERED IN C	ERTIFYING
OR CONTR BUTING	CAUSE OF DEATH HO	TIME OF INJURY UR A.M. Month Doy Ye P.M.	or 19		•	re of injury	in Part 1 or Port 2, li	tem 18.)	
21d INJURY OCCI While Not wing work of work of work	URRED 21e. PLACE OF hile ork that (IV) this hasp to	injury (at Home, Farm, Street office Building, etc.	sedaf <b>ro</b> m	-30	1968	, ta	r Town		Stote
saw the causes s	deceased alive on tated abave, (1)	(aid) (did not) view th	e bady after d	eath.		i death ac	curred on the dat	ATE SIGNED	<u>_</u>
22d. PHYSICIAN'S NAME (Type)		tayou	DEGRE	E ATTENDING PHYS  22e. ADDR	DIRECT		STAFF PHYS.	U-4	-69
230 BURIA., CREMATIC			OF CEMETERY OR C	CREMATORY			(City or Town)	(County)	(Stote)
24 FUNERAL DIRECTOR	2	iberty Road R	n Park Sandalls		DATE NOV		2Sb REGISTRAR'S	SIGNATURE	4

Page 4 may be retained by the haspital ar attending physician. VR A 5



2 1	I	teml3 FilmG407 1	2/5/68 kk MARYLANI	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI	MODE MARYLAND 21201	
		·		ERTIFICATE OF DEATH	MORE, MARILAND 21201	15683
oneral ond	1 DI	CEASED NAME First  ype or print) HOWAE	Middle RD W. SHAMLEFFE	Lost	20 DATE OF DEATH No Worth 24 Day	68 Year Ab Hour
the form	3. ŠI	x M	4 RACE	S. DATE OF BIRTH Sept 11,	1888 6 AGE (In years laborated) YRS	IF UNDER 1 YEAR OF JINDER 24 HRS MONTHS DAYS HOURS MIN
→ 5 4 × 6 /	70 cou	BIRTHPLACE (Stote or foreign 71 Baltimore 71	2/3/P	B. MARRIED NEVER MARRIED WIDOWED FOR DIVORCED	9 COUNTY OF DEATH Balto.	Wd
.tm >200 >	10 (	Towson	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital l2a USUA during mo	L OCCUPATION (Kind of work done that working to even if retired )	126 KIND OF BUSINESS OR INDUSTRY
event, v	13a adm	USUAL RESIDENCE (Where deceased ssion) STATE Md.	lived, if institution Residence before	13c. EITY OR TOWN 13d. INSIGE CITY LIFE TOWSON YES NO	13e STREET AND NUMBER	y Oak Road
0 0 > ,	14	Cornelius	M'ddle iost Shamleffer	15. MOTHER 5 MAIDEN NAME FI		Last
ifficate hysician n pleasi val, and		WAS DECEASED EVER IN U.S. ARMED es, na, ar unknown) (19 yes grea war o	FORCES? 16b SOCIAL SECURITY N 216-28-0	0 0794 Daughter	Address Same	
Page 4 may be retained by the haspital ar attending physician.  To Hospital or Attending by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car director, page 3 should be detached for use as the burial-transit permit. Then please remay should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any e		IMMEDIATE  A A Conditions, if any, which gove )	CAUSE (a) (b), Quality School (c), (b), and (c), (c), (c), (d), and (c), (d), and (c), and (c		walking	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  544
requires that 1g physician. In signed by t e burial, crem 1a burial, crem	-	rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CONSEQUENCE OF	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
The law attendir has bee as the law th	CERTIF CATION		NOTION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
ICIAN: pital or rtificate ed for u of Heal	MED CAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		nature of injury in Part 1 or Part 2, It	em 18.)
S PHYS the has this ce detache e Dept.	W	ot work of work	A	10RY ) 21f. LOCATION Street or R F.D. No.		County Stale
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta		causesistated abave, (	haspital) attended the decease e an1' (we) <del>(did)</del> (did nat) view the b	od from 1 101111, 19 9 ond that in (my) (aur) apir bady after death.	1, to 24 IVW 19 19 19 19 19 19 19 19 19 19 19 19 19	e and haur and from the
L OR A)  / be rett  DIRECT  DIRECT  Ige 3 sh  filled with		22b SIGNATURE V	We	DEGREE PHYS LLA DI	ED. STAFF 220 D	ATE SIGNED NO 68
ro Hospital Page 4 may To Funeral I director, pag shauld be fil		NAME (Type)		22e. ADDRESS 8 60 4	arlanky ball	1 ( 1 d 3 y )
TO HC Page TO FU direc shat	L		. 26,68 Balto	CEMETERY OR CREMATORY	23d. LOCAT ON (City or Town) Balto. Md.	(County) (State)
VR A15 AV	24	P.A. Heemann	ADDRESS 6067 Harford	Rd. DAT DE C		En Quelas



**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Tages 1 and 2 shauld be filled with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 74 hours after death.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate by Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

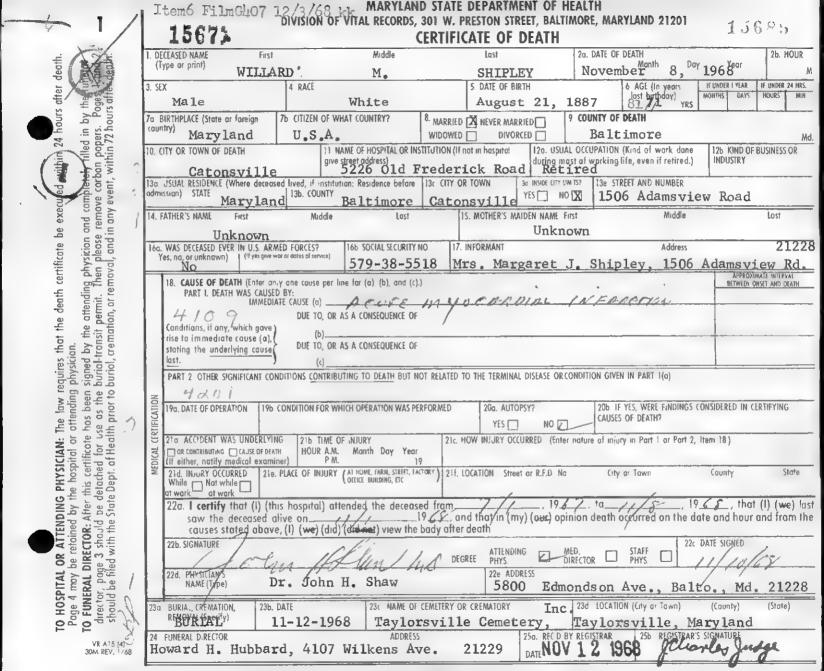
DIVISION OF VITAL RECORDS, 301 N

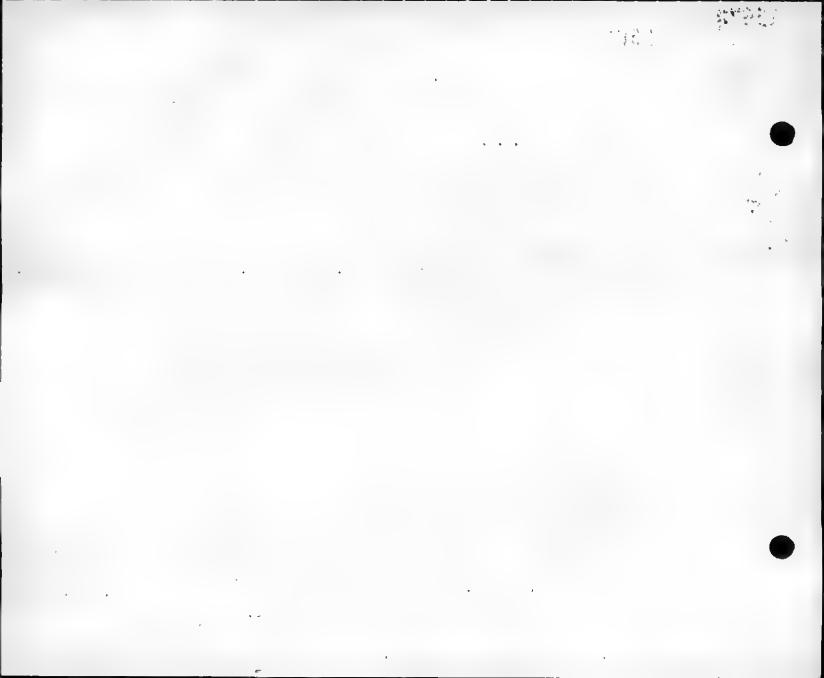
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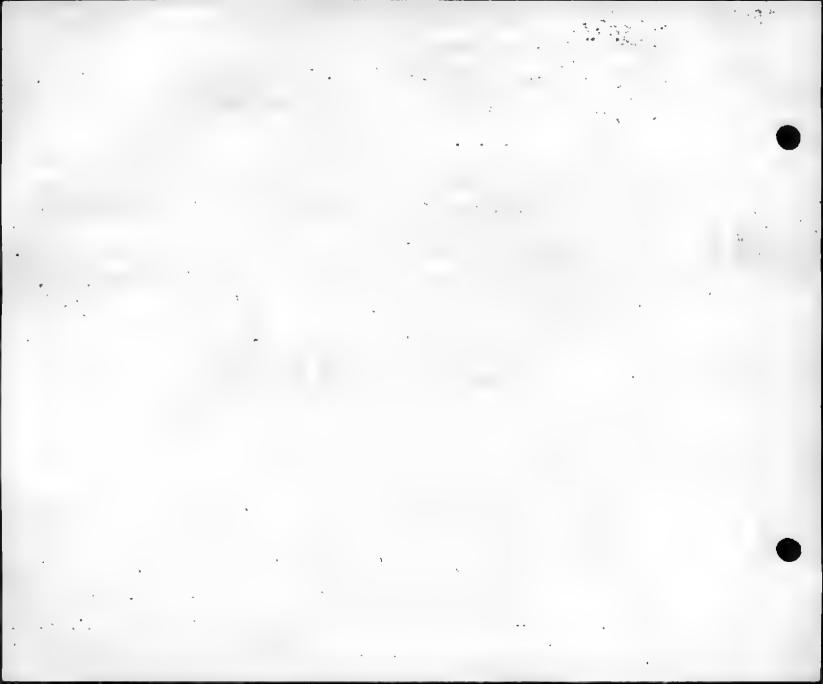
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icate has b far use as Health pria			21o. ACCIDENT V			OF INJURY	21c. H0	DW INJURY OCCUR	RED (Enter notur	e of injury in Part 1 or Port	2, Item 18.)		
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			226 SIGNATURE	0 0	0 01	,		ATTENDING	MED.		c. DATE SIGNED		
ed y			/ Ru	hard	11 54	ephousen, 1	M DEGR	EE PHYS	DIRECTO		10 NOV 1	968	
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		23c	BURIAL, CREMAT	ON. 23b. D	ATF	23c. NAME OF	CEMETERY OF			LOCATION (City or Fawn)	(County)	(State)	
Figure 6	1	200	REMOVAL (Specify		14/68				230.		(000114)	' '	
- (	B	24	FUNERAL DIRECTO	8	T/1/00	_ ADDRESS	n Par	250	o, REC'D BY REGI	Baltimore ISTRAR   25b. REGISTRA	R'S SIGNATURE	Md.	
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	ľ	0 01		S, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	2	et sto		CERTIFICATE OF DEATH							
€ \	1 D	ECEASED NAME First	Middle	Last 2a_DATE OF DEATH Day Year 2b. HOUR							
3 5 8 8		in sho	emaker	(Sue R. Shoemaker) Karender 25 1968 10.15/							
executed within 24 hours ofter death and completely filled in by the function emove corbon papers. Pages 1 and ony event, within 72 hours ofter death	3 5	EX /	4 RACE	S. DATE OF BIRTH  6. AGE (In years IF UNDER 14 VEAR IF UNDER 24 HRS  Jost birthday)  MONTHS DAYS HOURS MIN							
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hour in by rs. f	7a cou	BIRTHPLACE (State or fareign ntry)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH							
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filled pape thin 7.		CITY OR TOWN OF DEATH	give street address)	INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY INDUSTRY							
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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter be retained by the hospital or ottending physicion.  SIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the furse. 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours often		18. CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one cause per line for (o), (b), and (c	(c).) 4 Read herm predicts steva							
deod mit or		IMMEDIATE CAUSE (0) CIRCLES AND CONTROL OF C									
he of per		Conditions, if only, which gave)	DUE TO, OR AS A CONSEQUENCE OF	F 1 - 1 1 1 1 1							
at the sit permater		nse ta immediate cause (a), (	(b) Williams of	ral Turnilian Divella							
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tow reduce the second of the s	NO.	19a, DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS P	PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING							
he one of the or	CERTIFICATION			YES NO CAUSES OF DEATH?							
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TE SE	亨	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeo	or 19							
JING PHYSICI by the hospit ifter this certif be detoched Stote Dept. of	MEDI		PLACE OF INJURY / AT HOME, FARM, STREET, F	FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State							
PH he he he etoc Den	П	While Not while at work 21e.	OFFICE BUILDING, ETC.								
NG Y ## Fer t e die rote	П	22g. I certify that (I) (thi	s hospital) attended the decea	osed from 9-28, 1968, to 11-25, 1968, that (I) (we) to							
NDI Pd be	П	saw the deceased al	IVE OR 11-21	_1962, and that in (my) (our) apprion death accurred an the date and hour and from the							
may be retained may be retained RAI DIRECTOR: A poge 3 should be filed with the	П		, (I) (we) (did) (di <del>d not</del> ) view the								
R A RECI		226 SIGNATURE	1.11.	DILL DEGREE ATTENDING MED DIRECTOR D STAFF D 22c DATE SIGNED							
		22d. PHYSICIAN'S	Milaur	122e ADDRESS							
O HOSPITAL OR ATTENDING PHYSICIAN Poge 4 moy be retained by the hospital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached for should be filed with the Stote Dept. of He		NAME (Type)		1/90 4 Keistenton Re Keisterston M							
O HOSPIT Poge 4 mi O FUNERA director, p	230	BUR AL CREMATION. 23b. D	ATE 23c NAME OF	OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (5*016)							
FOR HOSPITAL Poge 4 moy FUNERAL I director, pog should be fill		REMOVAL (Specify)		Bar and Bar an							
	24.	FUNERAL DIRECTOR	ADDRES	SS 250. REC'D BY REGISTRAR 25b. REGYSTRAR S SIGNATURE							
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hin 24 hours nail in Item 11 niner's Office poges land 2 v hours ofter d	14 F	ATHER S NAME	First	Middle	Lo	S <sup>†</sup>	IS MOTHERS M	AIDEN NAME First		Middle	1	Lost
			Harry M	ichae1	Shupe			Diane	L. Sei	mon		
within 24 pencil in caminer's le poges 72 hours		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO	ORCES?	166 SOCIAL SECURIT	Y NO. 17	INFORMANT			IDDRESS		
Lwithi Examir File po		10	7 (770)					family	recor	ds		
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o DEPUTY necessory. I the funeral 5 may be r O FUNERAL Health print	220	NAME (Type) BURIAL, CREMAT	TON, 23b	DATE	DO- NAME	OF CEMPTERY	OR CREMATORY	DDRESS(Street, city, tax	LOCATION (City	T	If a suph i	ir
T - 1.5 -	230	REMOVAL (Speci	M	ov. 5.	1968			emetery		*	(County)	(Stote)
E.		FUNERAL DIRECTO	OR		AD	DRESS		2Sa REC D BY REG	ISTRAR 25	b. REGISTRAR S	SIGNATURE	
VR A15ME (5)	(	C. F. I	EVANS &	SON.	INC 880:	2 Har	ford R	DANNOV (	1968	gelian	les Jud	se.



23c NAME OF CEMETERY OR CREMATORY

Western Cemetery

TARRESOn, Md. 21204 250 RECD BY REGISTRAR

VI O MITAG

23d. LOCATION (City or Town)

Baltimore,

(County)

25b REG STRAR'S SIGNATURE Williamston

(Stote)

Maryland

230 BURIAL, CREMATION

24. FUNERA, DIRECTOR

REMOVAL (Specify)
Burial

23b DATE

11-21-68

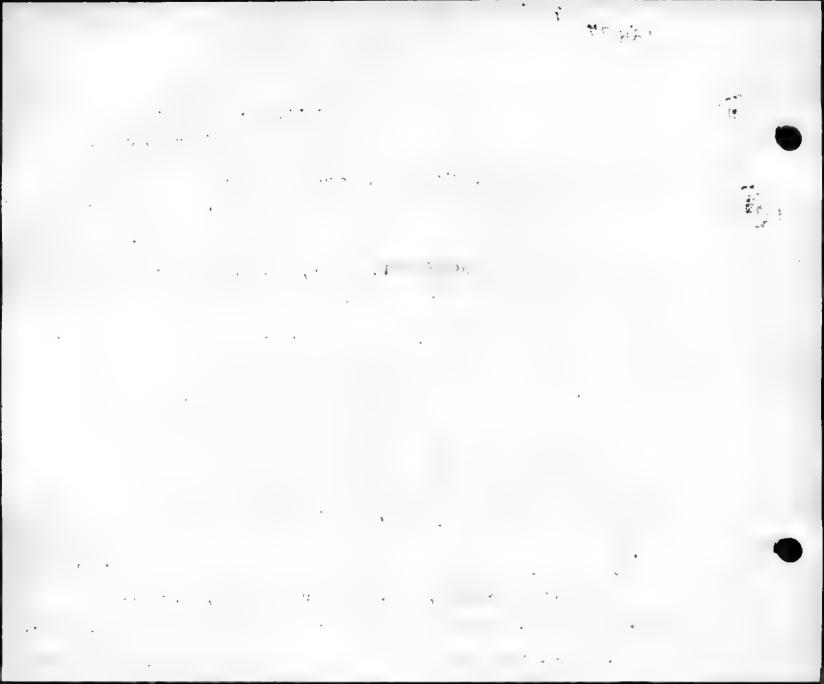
Wm. Cook-Brooks Towson Inc. 1050 York Road

MARYLAND STATE DEPARTMENT OF HEALTH

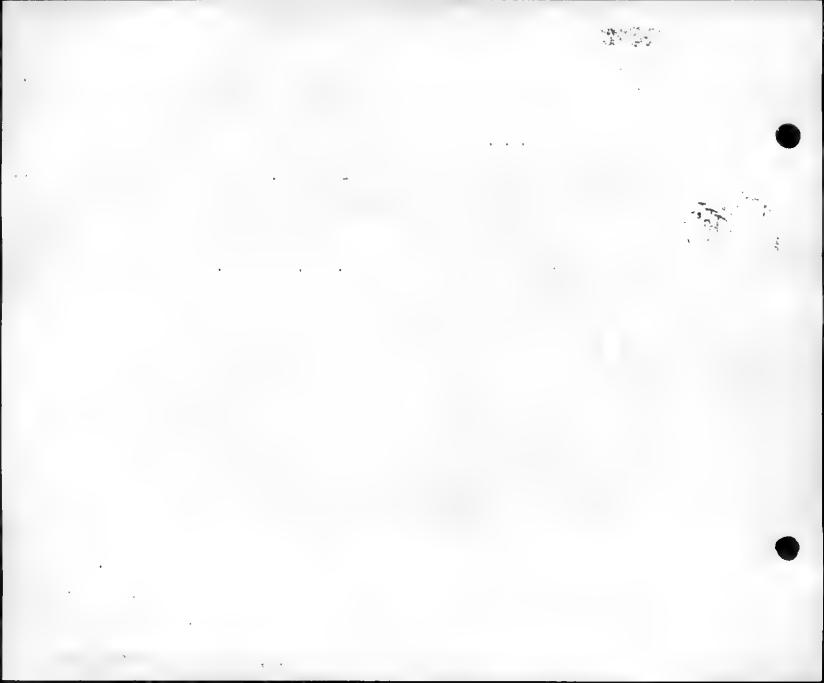
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15675	DIVISION OF VITAL RECORDS,		TE OF DEATH	NORE, MARYLAND 21201	158 - 9
death. Teral and 2 death.		ECEASED-NAME First Type or print) ALPHO	Middle NSE J. SILANS	KAS	Last	20 DATE OF DEATH  November 7 Do	25 HOUR 25 M
y the full Pages 1 urs after	3 51	male	4 RACE caucasian		DATE OF BIRTH	6 AGE (In years last birthday) 53 YRS.	1F UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
recuted within 24 haurs after death a complete of filed in by the funeral move cardon cheer. Pages 1 and 2 nay event, althin 27 haurs after death	COU	Maryland Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED [	DIVORCED [	COUNTY OF DEATH Baltimore	Md
within the		Baltimore	11, NAME OF HOSPITAL OR INS	Joseph	's Hosp.	OCCUPATION (Kind of wark done t af warking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Self Employed
nd complete remove can rany event.	edm	ssion) STATE Maryland	136 COUNTY	Baltime	YES X NO	☐ 4600 Forest	t View Avenue
2.40	14.	FATHER'S NAME First  Adolph	Middle Lost Silanskas		NOTHER'S MAIDEN NAME Firs		Lost
physician c en please oval, and in	160	WAS DECEASED EVER IN U.S. ARME		O. 17. INFO		Address	•
	-	1B. CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED	one couse per line for (a), (b), and (c) ) BY.	> 0	0 +	the Dalle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ician. Id by the		rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	1	G/25.6)	-032	10 1100
require phys in signe le buria	_	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO TI	HE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(a)	
The low attending has been see as the prior.	CERTIFICATION	19a. DATE OF OPERATION 19b CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
CLAN: oital ar rificate J far us of Health	ਤ	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Year	21c HOW	INJURY OCCURRED (Enter r	lature of injury in Port 1 or Port 2,	Item IB.)
he has this cer this cer detacher	MED	21d INJURY OCCURRED 21e. P While Not while of work	LACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.		TION Street or R.F.D. No.	City or Town	County State
ENDING led by t R: After uld be c the State		22a. I certify that (I) (this saw the deceased all	haspital) attended the decease ve an13 (I) (=) (did) (did to sview the b	d fram	hat in (my) (our) apini	an death accurred on the d	ate and hour and from the
OR ALT be retain DIRECTOR ge 3 shou led with 1		22b SCHOOL	1) Tyle	EGR.	ATTENDING MEI	220	DATE SIGNED 16
		22d. PHISICIANS NAME (Type)	NOT D SU	DAY	22e. ADDRESS	. 354 7 .	18)
TO HOSPITAI Page 4 may TO FUNERAL director, pa			11/68 Garden	emetery of cr Of Fait	th	23d LOCATION (City or Town) Baltimore, Mary	(County) (State)
30M REV 148		funeral Director	Inc. Balto. Md. 2	1214	DAN OV		S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH



ce alang with form

in pencil in Item

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Health priar to burial, cremation, or remaval, and in any event within 72 hours after death

biCAL EXAMINER: This certificate shauld be executed within 24 hours-offer death

TO DEPUTY

necessary, please execute the certificate, writing the word "pending" in pencil in Itel the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Off

15678

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	ECEASED-NAME Type or Print)	Frst		Middle		Lost			20 DATE KNOWN	Month, Do	y Year	2b HOUR
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3 5	ξX	4 RACE	S DATE OF BIRTH	6 AGE		UNDER YEAR THS DAYS	IF UNDER 24	HŔS MIN	2c DATE PRONOUNCE			2d HOUR
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	BIRTHPLACE (St	ite or foreign	76 CITIZEN OF WHAT	COUNTRY? 8	MARR ED	NEVER MA	RRIED 🔲	9 COU	NTY OF DEATH			
COUL	ma ma	er 6	U, S.		MIDOMED		ORCED 🔲		BALTI	HORE	_	Md
	ITY OR TOWN			E OF HOSPITAL OR INS	STITUTION (If n	at in haspital			CUPATION (Kind of w	ork done   12t	KIND OF BUS	INESS OR
	(Cho)		1224 300			Kd	GEN	VHI	working its even it		EEL 12	1FGR.
	JSUAL RES DE dmission) STA		sed ived, if institution	on Residence before			3d HNSIDE CTY L W		13e STREET AND NUM			1
-		147 621	13P COUNTY BY		DUNJA			X	3004 DU	VM CRE	= \	
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1/2		EDERIC		+MIDT	1	MAI	3 / K	<u> </u>	ATT	EL		
	es, no, or unkli	VER NUS ARMED	wat or dates of service)	66 SOCIAL SECURITY NO	) [7 IN	ORMANT	VA G		ADDR	SS AS /		_
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	18 CAUSE (	I <b>F DEATH</b> (Enter on DEATH WAS CAUSE	y one couse per line D BY	(a), (b), and (c))	. ^	(C) 10 A		, ,	ar ali		BETWEEN ONSET	AND GEATH
	111	IMMED :	ATE CAUSE (a)	Mun.		OIM		-	) unu	sun		
	Conditions if	ony, which gove	1	S A CONSEGNERACE OF	41							
	rise to imme	diote couse (a),	(b)	S A CONSEQUENCE OF	1111			7				
	stoling the t	inderlying cause	DUL 10, OK N	2 × COURTOTALE OF								
	DADT 2 OTHER	SIGNIFICANT COME	(c)	S TO DEATH BUT NOT	DEL VIEW-10- 10	K TCD MINIST P	0) 00 124120	MNITAN	U CUSTA N CART 1(-)			
	420	) /	TONS CONTRIBUTION	S TO DEATH BUT HEE	MARKET TO TH	E TERMINAL L	NISEMSE OR CO	וטָּוּוְעוּאוּ	Y GIYEN N PAKI I(G)			
TION	190. DATE OF	OPERATION	1	96 CONDITION FOR W	HICH OPERAT O	N					20 AUTOPSY	?
CERTIFICATION			_	WAS PERFORMED?	Labore						YES 🗀	NO DE
	210 EXTERNA			JURY Manth, Day, Year	21c HC	OW INJURY O	CCURRED (Ente	er natur	e of injury in Part 1	or Part 2, Item	18.)	7
3	CAUSE OF DE	OR C <del>on</del> tri <del>buti</del> ng [ Ith	HOUR A.M.						angust of the second			
MEDI	21d aNJURY C	. / /	PLACE OF INJURY (At	home, form, street,	21f ±0	CATION Street	ar R F D No		City or Town		County	State
	AT WORK	AT WORK	ctory, office building,	erci								
	22a.	certify that I t	aak charge af the	remains describe	d abave, hel	dan Auto	psy,	Ins	pectian 🔀 . Ir	iquiry 🔀.	and in m	y apinian
	death	esulted fram:	Natural cause	s 🔀 , Accident	, Sui	cide 🔲,	Hamicide		Undetermined	manner _	]	
		.0	a Die			CHI	EF MEDICAL EX	XAMINE	R 📑		. /	
	ACTUAL SIGNATURE	Theo	LTal	Marin		M.D ASS	STANT MED C	AL EXAM	MINER .	225 DATE SIG	NED	^
	EXAMINER'S		3	0000	1		PUTY MEDICAL			11/	11/4	4
	NAME (Type		501 (1	1 STEK	LZUK	V	ORESS(Street, o	_		/	/	T
230	BUR AL, CREM		DATE	23c. NAME OF C	EMETERY OR C	REMATORY		234	LOCATION (C ty or To	wn) (Co	ounty) (Si	idte)
	XURIA	11	114146	OFIK	441	UN	las atca	01	401016	0. M	14-	
el	Divis	a Den De	ey, Des	dolf ADDRE	101.2	1222	DATE NO		2 1968	egistrars s gi	MATURE COLD	at

VR A15ME (5) 10M REV, 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH

ESTON STREET, BALTIMORE, MARYLAND 21201 ATE OF DEATH

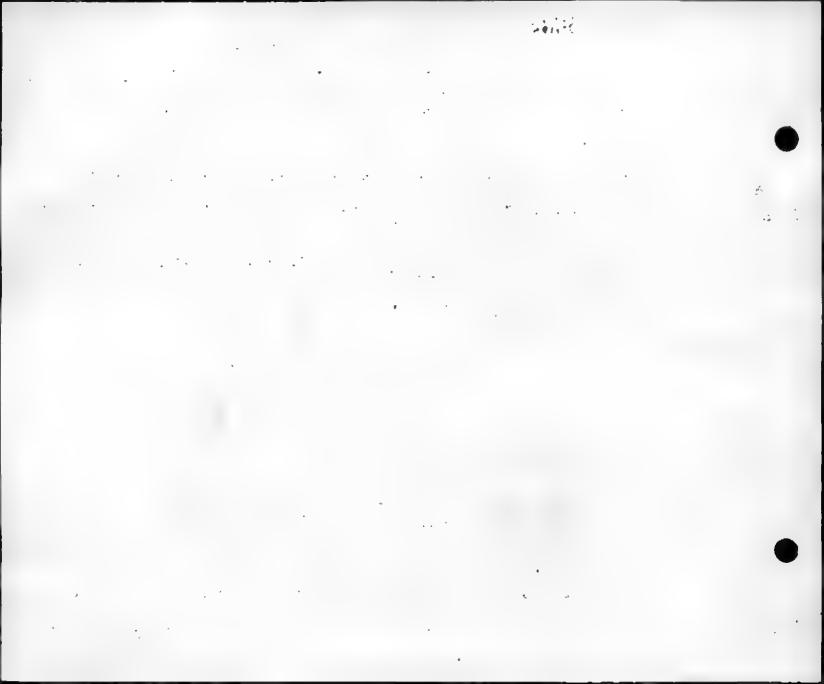
15693

5679	DIVISION	OF	VITAL	RECORDS,	301	W.	PR
				(	CER'	ΠF	ICA

	ECEASED-NAME	First		Middle		Last		2a. DATE Of		_		2b. HOUR
(	(ype or print)	CAL	IN	LEROY		SPROUL	Sr		Month	25	1968	3:30am
SI	X		4. RACE			5. DATE OF BI	RTH		6 AGE (	n yeors	EF UNDER I YEAR	IF UNDER 24 HRS
	Male		Ca	aucasian		3/20/1906   lost birthdoy) RS.   MONTHS   DAYS   HOURS   M						
	BIRTHPLACE (Stote or		76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED D	NEVER MAR		9. COUNTY OF	DEATH			
B	Tto. Md	.	U.S.A	4.	WIDOWED		RCED 🔲		Ba	altimo	ore	Md
0. (	CITY OR TOWN OF DEA	TH	E1 NA	ME OF HOSPITAL OR INS	TITUTION (If no	it in hospital	12o USUA.	OCCUPATION	(Kind of v	work done	12b KIND OF	BUSINESS OR
	Towson		Grea	reet oddress) ater Balto	. Med.	Center	CTET	k Com	Meri	calc:	redit_	
	USUAL RESIDENCE (WI		d lived, if institution	on Residence before	13c CITY OR	TOWN	13d. INSIDE CITY LIM		TREET AND I	NUMBER		
	SUB Furl		e 21206	5	Balto		YES X NO	- 43	06		ey Ave	21206
4.		irst	M ddle	Last		MOTHER'S MA	AIDEN NAME Fir	rst		Middle		Lost
		lson		Sprou.			S	arah			<u>Ba</u>	ynes
160.	(es, na, or yoknown)	IN U.S. ARME	D FORCES? For doles of service?	218-18-2		IFORMANT F	loren	се Н	Spro	Address U.L	same	
_	100			e for (a), (b), and (c).								MATE INTERVAL ONSET AND DEATH
		IMMEDIAT	E CAUSE (0) _SE	evere coro	nary a	theros	clerosi	S				
	4129		DUE TO, OR A	S A CONSEQUENCE OF								
	Canditions, if any, w		(b)									
	stoting the underly		DUE TO, OR A	S A CONSEQUENCE OF								
	last.	)	(c)		·		·					
	PART 2 OTHER SIGN	IFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART	i(a)		
NO	t x : 1											
TIF CATION	190 DATE OF OPERATI	ON 19b. C	Ondition for Whi	CH OPERATION WAS PE	RFORMED	200 AUTO	_	CAUSE	F YES, WERE S OF DEATH	FINDINGS ( P Yes	CONSIDERED IN C	ERTIFYING
CERTIF	21a ACCIDENT WAS	UNDERLYING	21b. TIME OF	INJURY	21c HC		URRED (Enter				Item IB.)	
MEDICAL	(If either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year	,				,			
WED	21d. INJURY OCCURE While Nat while	ED 21e. f	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		CATION Stree	et or R F.D. No.	City	ar Tawn		County	Stote
	at wark at work		hospital) atta	nded the decens	ad from	11/	1 , 198	to	7.1	/25 19	68 that	(I) (wa) lost
	sow the de	ceosed of	ve on	nded the deceose	9.68, onc	thot in (m	y) (our) opir	nion deoth	occurred	on the de	ote ond hour	and from the
	couses stot	ed obove,	(I) (we) (did) (	(did not) view the	body ofter o	eoth						
	22b. SIGNATURE	Char	0.0 K	ROS. D.D.	DEGR	ATTENDII	NG MI	ED. RECTOR	STAFF PHYS.		DATE SIGNED 11/25/68	3
	22d. PHYSICIAN'S	4169	167 L V-1	20.7,712		22e. ADD		KEETOK	11113.			
	NAME (Type)	Charl	les C. Bi	rown, M. D				Baltimo	ore Mo	edical	1 Center	C
230	BURIAL, CREMATION, BNOYALISECTY)	23b D	ATE = 29-68	23c NAME OF Grace			Cem.	23d LOCATI Falls	ON (City or Rd.	Town) & R	idge R	(State)
24	FUNERAL DIRECTOR		1	ADDRESS			25a REC'D BY	REGISTRAR	a+the	REGISTRAR	idge R	
	1 12 67 12	. %	/ m.	3. 0000			LINDV 2	7 196	19 0	Clima	Da. Gardo	4.

ond 2 death. Whin 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cappletery filled in by tagdertar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carllon papers. Page placetar, page 3 shauld be filed with the State Dept of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours at chapletery filled in by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exp. Page 4 may be retained by the haspital ar attending physician.

30M REV. 1 88



1 6	L	em#23b 15630	VISION OF	MARYLAN VITAL RECORDS,	ID STATE	DEPARTM	IENT OF HI	EALTH MORE MAR	YLAND 2120	1		
10		llm#G407 12/10/	68 vmn	TTAL RECORDS,	CERTIFIC	ATE OF	DFATH	mone, man	10440 2120	1	0500	*
op.	1. D	CEASED-NAME First 'ype or print')		Middle		Last		2a. DATE OF	DEATH Month	Dan	<b>V</b> 68	25. HOUR 11:20A
P ( )	3 5	MARV	4. RACE	<del></del>		STANCI			plin tiley	21		
s offer rs offer	3 3	MALE	.,	GRO		5 DATE OF BI 7/3	L8/28		6. AGE ( n years last bythday)	YRS. FU	INDER YEAR THS CLAYS	HOURS MIN
d in by	76 cou	BIRTHPLACE (State or foreign 7 NORTH CAROLINA	U.S.A		8. MARRIED WIDOWED	NEVER MAR	RR ED 7	BALT IM	DEATH ORE COU	NTY,		Ma
certificate be executed within 24 hours after deoth.  physician and completely filled in by the function hen please remove carbon papers. Pages and anoval, and in any event, within 72 hours after death		TY OR TOWN OF DEATH FORT HOWARD	VEI VEI	ME OF HOSPITAL OR IN treet address) HO	SPITAL	ot in hospital	120 USUAL during mos	OCCUPATION (	K nd of work d	ane I	25 KIND OF R	BUSINESS OR RUCT ION
omplete	13o. adm	USUAL RESIDENCE (Where deceased ISSION) STATEMARYLAND	liyed, if institution	on Res dence before		TOWN IMORE	AEZ NO		EET AND NUMBER W. SARA	TOGA	STRE	er
be exe n ond c e remo	14	ATHER'S NAME First MARVIN	Middle	STANCI	L 15	. MOTHER 5 MA	A-DEN NAME FIR	st ROSA	Midd	8	C	OBB
physician of physician of the please towal, and it	lóo	WAS DECEASED EVER IN U.S. ARMEC es, no or unknown) (If yes give wor	FORCES?	166 SOCIAL SECURITY 241 32 5		NFORMANT LIN REC	CORDS,	VA HOSF	Addre		WARD,	MD.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the doctor certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fudirector, page 3 should be detached for use as the bural-transit permit. Then please remove carbon pagers Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE	CAUSE (a)	e for (a), (b), and (c) CARCINOMAT  A CONSEQUENCE OF	COSIS (	ORIGIN	UNKNOW	M)			APPROX M BETWEEN ON 7 MO	ute interval iset and death INTHS
equires that the physician. signed by the bur al-tronsit purial, crematic		Conditions, if any, which gave this to immediate cause (a), stoting the underlying cause last,	(b)	A CONSEQUENCE OF								
OR ATTENDING PHYSICIAN: The low requires that are retained by the hospital or attending physician.  NRECTOR: After this certificate has been signed by the 3 should be detached for use as the bur al-transed with the State Dept. of Health prior to burial, crem	NO	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUT			THE TERMINA	L DISEASE ORCO	NDITION GIVEN	IN PART I(0)			
The lo ottenc has bo	CERT F CAT			CH OPERATION WAS PE	RFORMED	20o. ALTO YES 🔲			YES, WERE FINDIN OF DEATH?	GS CONSI	DERED IN CE	etifying
IDING PHYSICIAN: The low red by the hospital or ottending After this certificate has been I be defached for use as the State Dept. of Health prior to	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	HOUR A.M. P.M.	Manth Day Year	9			nature of injury	in Part 1 or Pai	t 2, Item	18.)	
s PHYS the hos this ce detache e Dept.	<u> </u>	at work at wark		AT HOME, FARM STREET, FAI OFFICE BUILDING ETC					r Town		ounty	State
SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the haspital VERAL DIRECTOR: After this certificator, page 3 should be detached fould be filed with the State Dept. of H.		22a. I certify that (b) (this saw the deceased alive causes stated above, (	haspital) atte e an LL/ \$1 (we) (d:d) (	octomiz view the	ed from 之 9, and bady after d	/ 1/00 I that¶h (%) leath	, 19 } <del>}}{a</del> ur) apın	, ta/ ian death ac	curred an th	19_ e date a	, that ' ind hour a	(t) (we) last and from the
OR AT be retoi SIRECTO e 3 sho ed with		226 SIGNATURE MAN Avri		m.D.		ATTENDAN	IG MEI	D EECTOR	STAFF PHYS	22c DATE	SIGNED /6	8
TO HOSPITAL OR ATTEN Poge 4 moy be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with th			A. ORE	R, M. D.		22e ADD	DECC		D, MARY	LAND		
Poge direct shoul			L/26/68		ALTMOR	E NATI	ONAL	BALTI	(City or Town)	IARYI		(State)
VII A15 (4) 45M 1/69	24.	FUNERAL DIRECTOR		COOPER DE LA COOPE	TINERAL TH	HOME	250. RECD BY	RECUSTRAR K	25b REGISTE	AR 5 SIGN	LAS JAC	dge.



	Item 7 Film Sho6 11/11/68 kk MARYLAND STATE DEPARTMENT OF HEALTH
	Item? Film GLO6 11/11/68 LL MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1569
	LOUGA CERTIFICATE OF DEATR
를 무유를 19	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOU (Type or print) 3 / Month Day Year (32)
r death. uneral 1 and 2 rr death.	STARTER CHARTES NOU, 5 1968 1-2
	3. SEX MALE Wh. Te S DATE OF BIRTH 5-95- 6 AGE (In years lift under 1 veloc in under 1 veloc in under 2 A MONTHS OAYS HOURS IN
a Sin	
2	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1.00 NEVER MARRIED DIVORCED 9. COUNTY OF DEATH 1.00 NEVER MARRIED DIVORCED 1.00 NEVER MARRIED DIVORCED 1.00 NEVER MARRIED DIVORCED 1.00 NEVER MARRIED NEVER MARRIED DIVORCED 1.00 NEVER MARRIED
All paper	10. CHY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)  12b. KIND OF BUSINESS OR during most of working life, even if refired.)
The second secon	13a JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13a STREET AND NUMBER
carrole ave can	odmission) STATE Md. 13b. COUNTY Balto Rockdale YES NOW 3508 HILS MUTE Xd. 2120
ond card remaye in any ev	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be an a se like	Charles Starner Mollie Geiman 21207
PHYSICIAN: The faw requires that the death certificate be execute hospital ar attending physician.  This certificate has been signed by the attending physician and carbust certificate as the burial-transit permit. Then please remayed pept, at Health priar ta burial, crematian, ar remayal, and in any expectively.	160. WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no. of Unknown) Yes, no. of Unknown) W.W.T. 213 03 2381 17 INFORMANT Anita E. Starner, 3508 Hillsmere Rd.
Ther Ther max	TB. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).)  APPROXIMATE INTERPAL SERVICE AND REAL PROXIMATE INTERPAL SERVIN
rath indir or re	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RIGHT OPPER LOBE PNEWONIA
e de atte	53/0 DUE TO, OR AS A CONSEQUENCE OF
asit_ natij	Conditions, if any, which gove (b) GASTRIC ULCERATIONS with
equires that the d physician. signed by the att burial-transit pen burial, crematian.	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF BLEEDING
equires 1 physicio signed I burial-tr burial-tr	PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((g)
ng Pan san san san tab	SUBCAPITAL FRACTURE RIGHT FEMUR
: The faw r r attending e has been use as the uth priar ta	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  10-14-68 UPPER G-1 BLEEDING YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 1216 TIME OF INITIAL
The aft se can be be	E 10-14-68 UPPER G-1 BLEEDING YES NO X CAUSES OF DEATH?
IAN: The faw ri ol ar attending ficate has been far use as the Health priar ta	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter not tree of injury in Part 1 or Part 2, Item 1B.)
affinition of the second secon	[If either, notify medical examiner) P.M. 19
Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State While Not while
	220. I certify that (I) (thus hospital) attended the deceased from 9-27, 1968, to 11-5, 1968, that (I) (we)
NDI ed b ed b id b id b	saw the deceased clive an 19 5, and that in (my) (aur) apinion death occurred an the date and haur and tram causes stated abave, (i) (we) (did) (did not) view the body after death.
A ATTENI retained ECTOR: A 3 shauld with the	226 SIGNATURE 220 DATE SIGNED
REC 3 s d wij	- Santaro DEGREE PHYS DIRECTOR DIRECTOR PHYS. P 1/- J- 6 8
AL (	22d/ PHYSICIAN'S 22e. ADDRESS
Page 4 may be retained by t to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	✓ NAME(Type)
FUN Viete	230 BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 E	REMOVAL (Specify) 11 8 1968 Woodlawn Cem. Woodlawn, Balto. Co; Md.
VR ARTIN	24. FUNERAL DIRECTOR ADDRESS 21133 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M 84 1 68	Loring Byers, 8728 Liberty Rd; Randallstown, Moute NOV 7 1968 Icharles Judge



Pages 1 and 2

ours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		13038		ERTIFICA	TE OF DEATH			107.	17
-		ECEASED-NAME First	Middle		Lost	20	DATE OF DEATH		2b. HOUR
	(1	(ype or print) CORA	E.	STEAR	NS		Month 1 Do	6 Ye68	7:35 M
	3 SE	Х	4 RACE	5.	DATE OF BIRTH	88	6. AGE (In years	IF UNDER 1 YEAR	E UNERFINE HRS
		Female	White	Z Z	Nº 6, I	<del>) 6 0</del>	iost bythday) YRS.	MONTHS OAYS	HOURS MIN
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH		
	COU	Md.	USA	WIDOWED 🛣	DIVORCED	BA:	LTIMORE		Md
		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS			JAL OCCU	PATION (Kind of work done	12b KIND OF	BUSINESS OR
1	BA	ALTIMORE,	"GREATER BA	LTO.	ved. deny.	nost of w	vorking ife, even if retired)	Own H	ome
			sed lived, if institution. Residence before	13c CITY OR TO		LIMITS?	13e STREET AND NUMBER		
1	oamı	ission) STATE Md.	186 COUNTY	Balto	YES X	40	5700 The Al	Lameda	
į.	14. F	ATHER'S NAME First	Middle Lost	1S N	OTHER'S MAIDEN NAME	First	Middle		lost
		Alfred	Turner		Juni	iats	L	Wate	rs
		WAS DECEASED EVER IN U.S. ARI		10 17 INFO	RMANT		Address		
		es, no, or unknown) (14 yes give )	war or dates of service) 220-44-3	378Mrs	. Edward	Paz	cton Palo	s. Ill	inois
		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and (c).						ATE INTERVAL
		PART I. DEATH WAS CAUSE	TO BY RESPI	RATORY	ARREST				
		4369	DUE TO, OR AS A CONSEQUENCE OF						
		Conditions, if ony, which gove	CEREBE	<b>OVASCU</b>	LAR ACCI	DENT	1		
		rise to immediate couse (o), stoting the underlying couse(							
		last	(c)						
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO T	IE TERMINAL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(o)		
	22	351X							
	ATTO		CONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
9	CERTIFICATION				YES NO F	X.	CAUSES OF DEATH?		
4		210. ACCIDENT WAS UNDERLYIF		21c. HOW	INJURY OCCURRED (Ent	er noture	of injury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA							
		21d INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME FARM, STREET, FAC		TION Street or R.F.D. N	0.	City or Town	County	State
		While Not while of work	OFFICE BUILDING, ETC.					,	
		22a   certify that (I) (th	is hasnital) attended the decease	ed from	19	<del>68 -</del>	to 11/6	68 that	(I) (we) last
		saw the deceased a	nis haspital) attended the decease	9 <u>68</u> , and t	hat in (my) (our) ar	oinian d	leath accurred an the do	ite and haur a	ind fram the
		causes stated above	e, (I) (we) (did) (did not) view the l	bady after dec	ith.				
		22b SIGNATURE	1 11 11 11	21.00	ATTENDING	MED.	STAFF 22c.	DATE SIGNED	
		V5.17.7	red landart	) DEGREE	PHYS.	DIRECTOR	PHYS. L	11/6/6	8
1		22d. PRYSICIAN'S' NAME (Type) B.R.	FRIEDLANDER MD		22e ADDRESS	1+0	Co Ma		

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove corbo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, w

VR A15 [4] 30M REV. 1/68

230.

BURIAL CREMATION,
REMOVAL (Specify)
BUTIAL
FUNERAL DIRECTOR
W. Jenkins 23b. DATE 11-8-68

23c. NAME OF CEMETERY OR CREMATORY 11-8-68 Loudon Park
& Sons Co.4905 York Rd.

Balto

(County)

(Stote) Md

NOV 8 1968

23d. LOCATION (City or Town)

2So.

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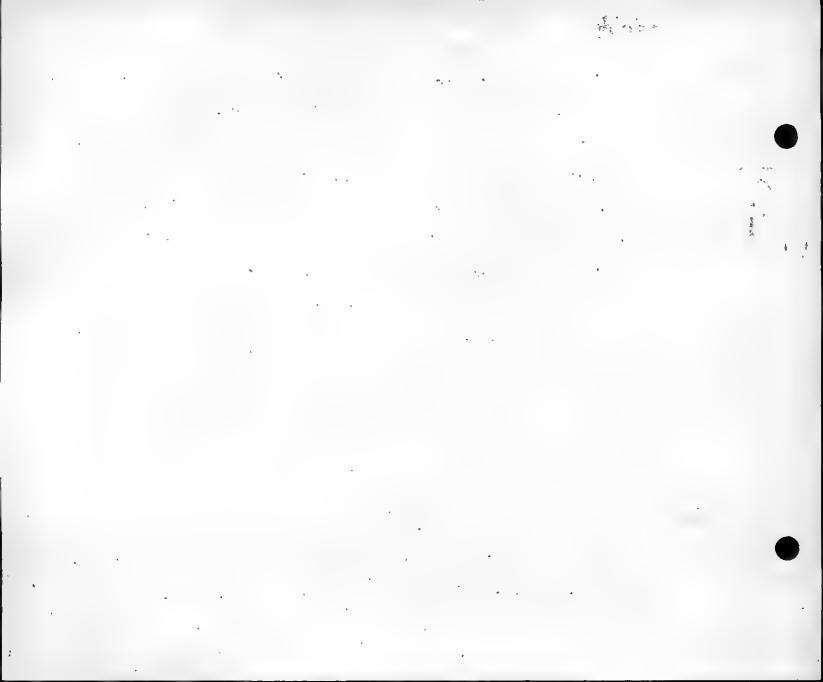
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15682 15697 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2o. DATE OF DEATH 26. HOUR within 24 haurs after death. by the funeral (Type or print) 68 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWNSOF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY HOUSE WIFE 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOW™ 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE COUNTY NO X 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost FRANCIS I 6h. SOCIAL SECURITY NO 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT requires that the death certificate Yes, no, or unknown) (If yes give war or dates of service) crematian, ar remayal, eu APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) A cutta guid signed by the attending BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF burial-transit p burial, cremati Conditions, if ony, which gove ) MHASCUC rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! CUA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) stached far use as the Dept. of Health prior ta has been CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [T O FUNERAL DIRECTOR: After this certificate 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 2 d INTURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY \ 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote White Not while of work m 12 - 19 , 1967, ta 11 - 12 , 1968, that (1) (we) last , and that in (my) (aur) opinion death occurred on the dote and hour and fram the 220. I certify that (1) (this haspital) oftended the deceased from 12 - 19sow the deceosed alive on \_\_\_(1-/2-63\_19\_\_\_\_, ond that causes stated above, (1) (we) (did) (did not) view the body after death. be retained director, page 3 should should be filed with the 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Page 4 may E.Lee Robins Robbins 21204 NAME (Type) 23d BURIAL, CREMATION, 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) St. Joseph MD 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 1050 30M REV 1/62 DATE NOV 1 Md 21204



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15685 15699 CERTIFICATE OF DEATH 2g. DATE OF DEATH Middle Lost 2b. HOUR 1. DECEASED NAME First signed by the attending physician and completely filled mess, the fulleral burial-transit permit. Then please remave carbon papers, Pages I and 2 burial, crematian, ar removal, and in any event, within 72 hours after death. (Type or print) 1.968 :30% XX S TADDUNI JOSEPH 6. AGE (In years IF LINDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3. SEX White Male September 11, 1912 last bighday) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [X] NEVER MARRIED Pennsylvania U.S.A. WIDOWED [ DIVORCED [ Baltimore 12a USUAL OCCUPATION (Kind of work dans 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress)
St. Joseph Hospital during most af warking life, even if retired.)

Restauranteur INDUSTRY Towson 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LAMITS? odmission) STATE Maryland 13b. COUNTY NO T 7103 Harford Rd. Baltimore exect Middle 14. FATHER S NAME IS MOTHER S MAIDEN NAME First Last Salvatore Tadduni Nuciforo Maria 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the death certificate Yes, no. or unknown) (st yes give war or dates of service) 217-16-6592 attending phys Mrs Angelina Tadduni Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Cerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) (b) Essential Hypertension rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO PE CO FUNERAL DIRECTOR: After this certificate directar, page 3 should be detached far us 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED City or Town County While Not while of wark 220. I certify that (1) (this hospital) attended the deceased from 11/10, 19.68, ta 13/12, 19.68, that (1) (we) lost saw the deceased alive on 11/12, 1968, and that in (Xy) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. director, page 3 should shauld be filed with the 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 11-12-68 PHYS O HOSPITAL 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 7620 York Rd., Towson, Md. 21204 Gualberto C. Gokim 23d LOCATION (City or Town) (State) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION BEMOWAL Specify) 11/16/68 Holy Redeemer Baltimore. Maryland 2Sb. REGISTRAR'S S GNATURE ADDRESS 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Williamley Judge Leonard J Ruck Inc Baltimere. Maryland DATE NOV

1 40 7 1 %. J. 7 4 H E • r

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1.5	SRC		CERT	TIFICAT	E OF D	EATH		3 43	1 1	
1.	PLACE OF DEATH	Y 0 0				11	,	e deceased lived, If i		dence before admi:	ssion)
		Balto. Co.			MARYLAND	a. STATE	Md.	b. C0	Balt		
	b. CITY OR TOWN	N (if outside corpora and give nearest tow	te ilmits,	c. LENGTH O		c. CITY OR		corporate limits,			own)
	Catonsv	and give nearest tow	n)			Catons	sville				
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in h	ospital, give st	reet address)	d. STREET A				e. IS RESIDE	ENCE
	941 Col	eridge Rd.				941	Coleride	re Rd.		process of	0 🔄
3.	NAME OF	FI	rst	Midd	lo	Last	4. D:	ATE Mor	ith	Day Year	
	DECEASED (Type or print)	Reginal	d	v.	Tarlt	ton	0	EATH NOV.	13.	19 68	8
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MA	ARRIED [	8. DATE OF B	RTH		STIFTINGER 1 Y	EAR IF UNDER 24	4 HRS. Min.
Ma	le	White	WIOOWED	DIV	ORCEO 🔲	April 2	2,1906	62 yrs.	Monuis	ays Hours	witti"
1Da	. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. K	INO OF BUSINE	SS OR	11. BIRTHP	LACE (County & !	State, er fereign count	ry) 12. CITI	ZEN OF WHAT	
•	Guard	mg may aron it tout		kerton (	lo.	Balto	. Md.		U. S		
13.	FATHER'S NAM	E	-			14. MOTHE	R'S MAIDEN NAM	IE			
	Murra	y T. Tarlto	n			Marie	A. Morti				
15 (Ye	. WAS DECEASED E	ÉVER IN U.S. ARMED FO (If yes give war or dates o	RCES?   16.	SOCIAL SECUR	TYNO. 17.	INFORMANT		Addi	ress Balto	. Md.212	29
	No.			16-03-82	223 Mr	s. Bessi	le M. Tar	1ton 941 0	coleridg	e Rd.	
		DEATH [Enter only on	e cause per l	ide for (a), (b),	and (c).]	7)	/			ONSET AND DEA	EEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	all	cor	-14	auro	Deun	m	3/11	7
	1523										
	Conditions, If	any, which \	(b)		-	U					
	gave rise to cause (a), st	ALLE	<b>C</b> /								
	underlying caus		(c)	-	-						
ION	PARTIL OTHER S	IGNIFICANT COMDITI		ITING TO DEATH	BUTNOTREL	ATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	NPARTA(a)	19. WAS AUTO	
CAT	1	1RG A	uc	CAL	15/	1/18.	1 Buig	u 00000	+ tulex		2
CERTIFICATION	20a. ACCIDENT	WAS UNCERLYING	20b.	DESCRIBE HOW	INJURY OCCI	JRREO. (Enter/	nature of Injury	in Part i or Part il	of Item 18.)	9 (	
CER	(IF EITHER, NOT	WAS UNDERLYING TO NG TO CAUSE OF DEA TIFY MEDICAL EXAMI	NER)		-				/		
CAL	2Dc. TIME OF I	INJURY Month, Day,	Year 20d. I	NJURY DCCURR		CE OF INJURY		Of. (City or town)	(Count	y) (Sta	te)
MEDICAL	Hour aus	7/	While at worl	Not While	Yactt	ory, street, offic	apidg., etc.)		- 1	$\sim$	
2		y that (I) (this hos				fore	- 19774	10 N.O.	1/319 60	that (I) (we)	last
	/	ceased alive on	1 Cont	19 196		death occur	red at 2 2 XIV	I, from the cause	s and on the	date stated al	bove.
	22a. SIGNATUR		VVII	NAI			259		22b. 0A)	E SIGNED	)
	10/	Muli	VILLA	axy	M.I	D. PHYS.	DIRECTO	OR PHYS.	] ///	4/60	
	22c. PHISICIA	M.R.	Marc	4/3		22d. ADI	RESS	-1 ;	cul	ola MA	
_	Chrish		1/422	11.0.		9/3	J.John.	SLame;	Wicott C	2011/14	
238	REMOVAL (Spe	ATION, 23b. OATE	-			Y OR CREMATO	RY 23d	LOCATION (City,	town or coun	ty) (State	è)
B	urial	MOA.TO			Park Ce			lto. Md.	REGISTRAR'S	CICMATURE	
24	, FUNERAL DIRE	DOT 00 *		229 AOORE					a company		
G	. Truman	Schwab 5151	DELTO.	Nationa	II PIKe		DATE NOV ]	8 1968	Just	by Judge	<u> </u>

VR A|5 (4) 20M 1/65

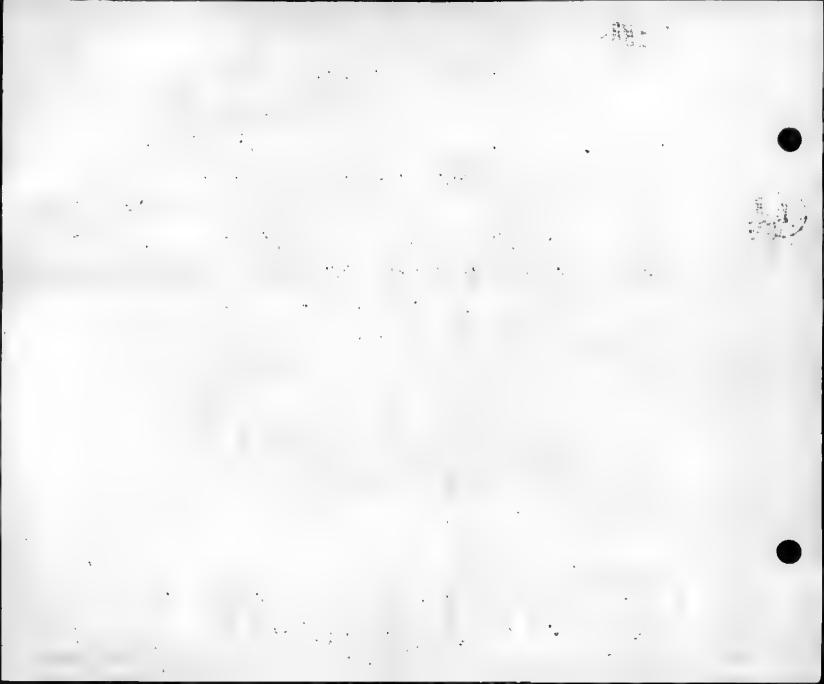


30M REV US

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

١		15687	DIAISION OF A	CER		OF DEATH	IIMUKE, MA	KILAND ZIZI	1.57	107	
ħ			rst	Middle	1c	st	20. DATE OF				2b. HOUR
ı	(Ty	ype or print) JUL10	15 HE	NRY	THIE	IE		Month	Doy	1966	M
	). SEX		4. RACE	1/11/	S. DAI	E OF BIRTH		6 AGE (In year:	IF UNDER	RIYEAR IE	JADER 24 HRS
		M	W		1	1-8-18	899	lost buthday)	YRS. MONTHS	DAYS 1	IGURS JAIN
		IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	T COUNTRY?	ARRIED   NEV	ER MARRIED	9. COUNTY OF				
	coun	MARYLAND	USA		DOWED 🗌	D-VORCED 🗍	BALTI	MORE			Md.
Ī	O. CI	TY OR TOWN OF DEATH		E OF HOSPITAL OR INSTITUT	ION (If not in ho	spitol 120 USJ	A. OCCUPATION	(Kind of work of	lone 12b.	KIND OF BU	SINESS OR
7	CA	TONSVILLE	give str	eet oddress) REST HAYE!	V CONV	durage	post of working	life, even if retir	ed ) INDL	JSTRY	
1	30. 1	USUAL RESIDENCE (Where dec	eosed lived, if institution			13d. INSIDE CITY	UMITS? 13e. ST	REET AND NUMBE	R		
L		ssion), STATE	УЗЬ COUNTY		91-70.	YES N	- 575	DEDMOL		AVI	5
^-	14. F	ATHER'S NAME First	M. ddle	Lost	IS. MOTH	IER'S MAIDEN NAME	First	Midd	le		Lost
L	- 5	SULIUS	HENRY	THIELE		EM	MA_		MEY	ER	
ſ	160	WAS DECEASED EVER IN U.S	ARMEĎ FÓRČES? 1  lya war go dates pl service)	66. SOCIAL SECURITY NO.	17 INFORM		e	Addre			
L		es es unknown) (If yes g	WII	114-40-464	3 JUHE	YRI SIEC	5Fh 5/3	OFDIMON	YDSON	AVE	-
ı		1B. CAUSE OF DEATH (Enter	only one couse per line	for (e), (b), and (c).)						APPROX.MAT	
1		DADT I DEATH WAS CAL	ICED RV-	MAXWOLDER	110	CARCI	1 1121111	59			
1	- 1	1621		A CONSEQUENCE OF	A. J. S	- 1/18 (-//					
١	- 1	Conditions, if ony, which go			10000						
1	- 1	rise to immediate couse (d	)), ( (b)	A CONSEQUENCE OF	37.113.4						
1		stoting the underlying coulast.	58	A CONSEQUENCE OF							
	- }	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NO TO DEATH OUT NOT DE	ATED TO THE 1	TOMINAL DISEASE OF	CONDITION GIVE	N IN PART 1(A)			
H	_	PART 2 OTHER SIGNEDICANT	CONDITIONS CONTRIBON	TO TO DEATH BOT HOT KE	CHILD TO THE I	EKNINAL DISLASE ON	CONDITION ONL				
1	8	190. DATE OF OPERATION 1	BL CONDITION FOR WUICE	H OPERATION WAS PERFORA	uth In	a. AUTOPSY?	1206 16	YES, WERE FIND!	NGS CONSIDER	ED IN CERT	TEYING
)	2	170. DATE OF OPERATION	7D. CONDITION FOR WAIL	TOPERATION WAS PERIOR			CALISE	S OF DEATH?	103 COUSIDEN	LD III CENI	11110
	CERTIFICATION	21o. ACCIDENT WAS UNDER	VINC Lab THE OF L	ALUTEN .		YES NO		Dort 1 or Dr	nt 0 144 - 10		
1		CONTRIBUTING CAUSE OF		Month Doy Year	21C HOW INJ	URY OCCURRED (Ent	er noture of inju	ry in Port I of Po	or 2, Item 18.	)	
-1	MEDICAL	(If either, notify medical exc	ominer) P.M.	19							
-	2	21d INJURY OCCURRED While Not while	lle. PLACE OF INJURY (	T HOME FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.	21f LOCATION	Street or R.F.D. N	o. City	or Town	Coun	ty	Stote
-		at work of work									
-		22o I certify that (I)	(thi <del>s hospit</del> al) atten	ded the deceosed fr	om/	//a, 19 <sub>4</sub>	, to	11/30	, 1965	, that (I	) (we) lost
1		saw the deceased	l alive on	lid not) view the body	∠, and that cofter death	in (my) (o <del>ur)</del> of	olnion deoth	occorred on th	ie dote ond	hour on	id from the
1		22b. SIGNATURE	ove, (1) ( <del>we) (ana)</del> (c	To not) view me body	oner deam				22c. DATE SIG	GNED	
1		22d. SIGNATORE	11.11	P. 12.11		ATTENDING D	MED.	STAFF C	220. 0/112 310	1.1	· al
J		22d. PHYSICIAN'S	4 150	THE MAG		2e. ADDRESS	DIRECTOR -	rnzs. —	-15	9/1	<i>X</i>
		NAMI/(Type)	1d1. W He	86841 11	1.11 :		MINNOSO	w du	ake	1118	1. MI
-	720	BUR AL, CREMATION, 23	Bb. DATE	23c NAME OF CEME	IERY OR CREMA			ON (City or Town)	(Cour	ntv)	(Stota)
		REMOVAL (Specify)	2-14-60	RAITIMA		OIYAL CEN	47.		MAR	VIAN	(h)
1	-50	FUNERAL DIRECTOR	7 7 50	DED MONSHER	E /IIII	ME 250. REC'D	BY REGISTRAR		RAR'S SIGNAT	URE	1/
		1. Wo	low ratif	THALANCAN	110	NI DE	C 3 1		liante		al.



Exemine Soffice along with form

DICAL EXAMINER: This certificate should be executed youthin 24 hours ofter death

TO DEPUTY

Repartment of

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1570

			MEDICAL	LEVAMI	MEK 2 CE	KHILICA	E OF D	EALI				
	ECEASED NAME	First		M ddie		Lost				th Doy	y Yeor	2b HOUR
1	Type or Print)	GEORGE	W.	TI	HOMPSON				OF ESTI- NOV	· 8	,1968	9:30p
3 5	EX	4 RACE	S. DATE OF BIRTH	į į	AGE (n years	F JINDER 1 YEA	R IF UNCER	24 HRS	2c DATE PRONOUNCED DEAD			2d HOUR
M	iale	White	12/8/19		61 YRS	MONTHS OA)	'S HOURS	MIN,	Month Nov. Day		<sup>Yeor</sup> 19 68	
	BIRTHPLACE (Sto		7b. CITIZEN OF WHAT	COUNTRY?	8. MAR	RIED XNEVER	MARRIED [	9 COU	INTY OF DEATH			
£0tif	"''Balto	.,Md.	U.S.			-	OIVORCED 🗍		Baltimon	:e		Md
10. (	ITY OR TOWN				OR INSTITUTION				CUPATION (Kind of work don		KIND OF BUS	INESS OR
	Towso	n	give stree	oddress) S	t. Jose	ph's H	osp dunn	g most o	f working life, even if retired		ısıry estau:	rant.
130.	USUAL RES DE	ICE (Where deceos	ed lived, if institution	Residence b	efore 13c. CITY	OR TOWN	13d INSIDE CITY	LIM-TS?	T3e STREET AND NUMBER			
0	dmission) STAT	Marylar	1413b. COUNTY Ba	ltimor	e Tows	on	YES 🔀	NO 🗌	6580 Loch Ray	7en	Blvd.	
14. <del>I</del>	ATHER S NAME	First	Middle		Lost	15 MOTHERS	MAIDEN NAME	First	Middle		Lost	
		George	e W.	Thom	pson		(	Cath	nerine	1	Manni	on
160.	WAS DECEASED E	VER IN U.S ARMED F		b. SOCIAL SECUR	IITY NO. 1.	7 INFORMANT			ADDRESS			
()	res, no, or unkno	(II yas ijive	wer or dates of service)	12-30	1.083	Mrs M	arcare	et. N	( Hart	(Sa	ame)	
	JB. CAUSE O	F DEATH (Enter onl	ly one cours per upe (	for (a) this and	4 (6))		_				APPROXIMATE BETWEEN ONSET	
	PART I.	DEATH WAS CAUSED	O BY: ATE CAUSE (o) M	ultiple	e stab	wounds	of che	est			BETWEEN ONSET	ANG OLAT
	766	IMP CUIA	DUE TO, OR AS									
	Conditions, if	any, which gove		N CONSCIOUNT	LL VI							
	rise to imme	diote couse (o), (		A CONSCOURN	CE OE							
	stoling the u	nderlying couse	טטנ זט, טג אַס	w consequen	CC OF							
			(c)									
	PART 2 OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMINA	IL DISEASE OR	CONDITIO	IN GIVEN IN PART I(a)			
No.		CX										
SEE	190. DATE OF	OPERATION	191	<ul> <li>CONDITION F WAS PERFOR</li> </ul>	OR WHICH OPE	RATION					20 AUTOPSY	?
Ē				TIAS I EKIOK							YES 🔣	NO 🗀
MEDICAL CERTIFICATION	210 EXTERNAL	CAUSE WAS	216. TIME OF INJ.	JRY Month, Day	, Yeor 2	ic how injury	OCCURRED (E	nter notu	re of injury in Port 1 or Part 2	, Item 1	B)	
3	CAUSE OF DEA	OR CONTRIBUTING [	??HOUR A.M.	lov. ?/	19 68	Stab w	ounds	of c	hest			
景	2 d thusky 0	CCURRED 21e	PLACE OF INJRY (A+ h	ome, form, str	eet, 2	If LOCATION Sti	eet or R F D No	)	City or Town	(	eunty	Stote
	AT WORK	NOT WHILE TO	rtory, office building, e Home	etc )	6	580 Lo	ch Rav	en B	lvd	Bal	to. N	1.D'.
	22a.	certify that i to	aak charge af the	remains des	cribed above	, held an A	utapsy 😿	In	spection , Inquiry	П,	and in m	y apinian
		_	Natural causes									'
		X .	1011	/ , .			CHIEF MEDICAL	EXAMIN	ER 🔲			
	ACTUAL SIGNATURE.	( had	d MK	ent		M D	ASSISTANT MEI	DICAL EXA	MINER 22b. D/	ATE SIGN	IED	
	EXAMINER'S	Rona	ald N. Kor	nblum.	M.D.		DEPLTY MEDIC			oven	nber 9,	1968
	NAME (Type						ADDRESS(Stree	it, city, to	wn, or county)			
230	BURIAL, CREM		DATE	23c NAM	E OF CEMETERY	OR (REMATOR)	1	23d	LOCATION (City or Town)	(Cor	unty) (S	tote)
	REMOVAL (Spe Buria	cify)	/12/68		enmoun				Baltimore		Me	
	FUNERAL DIREC	TOR			DDRESS		250 REC			RS S.GN	IATURE	
H	.W.Jei	nkins &	Sons Co.	1t4 90	York	Rd.	DATE	VOV	14 1968 80	ion	Can Juy	Lar.

VR A15ME (5) 10M REV 1/68

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State.

the funeral director Page 4 should be forwarded to the Chief Medical necessary, please execute the certificate, writing the word "pending".

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.



	MARYLAND STATE DEPARTMENT OF HEALTH
	1568% DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15703
I	tem#7b, FilmG406 11/20/48 km CERTIFICATE OF DEATH
1. 0	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 25 HOUR
1	(yee or point) STANLEY TOMAVICH. NOV. Month 1804 1802 127
	S DATE OF BIRTH  6 AGE (in years   FUNDER 14 HRS  10st butthday)  VRS  NONTHS DAYS HOURS M.N
	BIRTHPLACE (Stote or foreign 75 GT-ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH.  NEVER MARRIED NEVER MARRIED 9. COUNTY OF DEATH.
10. (	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even f retired)  12. KIND OF BUSINESS OR INDUSTRY
130. adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 2001) STATE 1 PAGE 13b COUNTY PAGE 17c STORY 13b COUNTY PAGE 17c STORY 13b COUNTY PAGE 17c STORY 13c STREET AND NUMBER 2001 13c ST
14	FATHER'S NAME First J Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost VICTOE 14 BACTREUIES
	WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, no, or unknown) (If yes give wor or dates of service) (6b SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT) (18.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (c)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (c)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (d)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (e)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (d)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (e)  DUE TO, OR AS A CONSEQUENCE OF the underlying couse  (f)
NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	YES NO CAUSES OF DEATH?
DICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)    Continuenting   Cause of Death   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1
WE	21d INJURY OCCURRED While Not while of work of work of work of the suit of the
	22a. I certify that (I) (this hospital) attended the deceased fram, 19, 1a, 19, 1hat (I) (we) lassaw the deceased alive an, 19, and that in (my) (our) opinion death accurred an the date and haur and fram the courses stated above, (I) (we) (did) (did not) view the body after death.
	226. SIGNAFURE  CCR 22 1  DEGREE ATTENDING DIRECTOR PHYS. 22c DATE SIBNED  11/10/6
L	22d. PHYSICIANS NAME (Type) CATALL. 12ARIN 222-ADDRESS / NG GROVE STATE HOST
230	BUR AL, CREMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) /1-13-68 HOLY ROSARY CEMETERY BALTIMURE, MD.
24	FUNERAL DIRECTOR ADDRESS 25G. REC D BY REGISTRAR 25G. REGISTRAR'S SIGNATURE
W	ALTERS FUN'L HOME PRATTY-STRICKERS & DATE NOV 13 1968 Ochanles Judge
	1. DI (1) 3 SI 10. (2) 1130. adm



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour after death. hours after death, executed within TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15690 CERTIF	CATE	OF DEATH	1	3704
1.	PLACE OF DEATH a. COUNTY	2		here deceased lived, If institution	n: Residence before admission)
1		(LAND	a. STATE b. COUNTY Maryland Baltimore		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	Rural Baltimore 13yrs. d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street:	diana	rural, Ba	ltimore.	e. IS RESIDENCE
	u. NAME DE HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAI, give street a	idaress) (	- 1		ON A FARM?
	Home, 8545 Pulaski Hiway.		8545 Pulas		YES NO X
3.	NAME DF DECEASED (Type or print) FANNIE SMYTH	TI	REGGET+	DATE Month	Day Year 20 19 68
5. SEX   6. COLOR OR RACE   7 MARDIED   NEVED MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 14EAR   IFUNDER 14EAR					
last birthday) Months Days Hours Min.					
Figure 2 Libite Wildows Governor 100. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY  I BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
dur	ing most of working life, even if retired) INDUSTRY				
13	PATHER'S NAME	ļ.	uebec. P.	W. Canada	USA.
Robert Smyth  15. WAS DECEASED EVERYNUS. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Son. 8545 Address aski					-1-1 TT4
(Ye	s, no, or unkown) (If yes give war or dates of service)		2011		
	No. None	<u> Johr</u>	n F. Tregge	tt Baltimore	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (	c).]	1- 1		ONSET AND DEATH
	14/3 IMMEDIATE CAUSE (a) Corectal apoplexy				
Conditions, if any, which continuous levelie Curilio Vascular Ulistase					1915
					22/100
	cause (a), stating the OUE TO				
	underlying cause last. ) (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY				
밀	PERFORMED?				
FICE	422/ YES □ NO ☑				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
뢵	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED	20s. PLACE	OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m.  p.m.  19  While Not While at work at work	factory,	street, office bldg., etc.)		
×	21 I certify that (I) (this hospital) attended the deceased from MAT/ 1947 to MAT/ 0 1968, that (I) (we) last				
	saw the deceased alive on 196%, and that death occurred at 1, from the causes and on the date stated above.				
	22b. DATE SIGNED				
	MINIM Quielies M.D. ATTENDING MED. STAFF - 1/1/20/68				
	22c. Physician's NAME (Type)		22d. ADDRESS	10/- 2/2-	7
	M. Baumgardner		1 m	modil-	> /
238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF C	EMETERY O	R CREMATORY 2	3d. LOCATION (City, town o	r county) (State)
	Removal 11-20-68			Plattsburg, Ne	w York
24	FUNERAL DIRECTOR	01	25a. REC'D E	Y REGISTRAR 25b. REGIST	RAR'S SIGNATURE

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 57 705 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH DECEASED NAME 2b. HOUR and 2 death. (Type or print) **JAMES** LEROY TRONE :20P M S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4. RACE 6 AGE (In years last histoday) MONTHS DAYS HOURS 11-4-1899/1900 male white leath certificate bs sxecuted within 21 haurs 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED IT DIVORCED [ Baltimore 12a, USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Towson St. Joseph Hospital DENTITST Health prior to burial, cremation, or remayal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE #3b. COUNTY N0 🔀 103 Park Ciffele Filkton 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Rinehart. Samuel D. Trone Susan 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) 214-34-4606 Alice D. W. Trone 103 Park (ircle, Elkton, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART ! DEATH WAS CAUSED BY: Carcinoma of colon with liver IMMEDIATE CAUSE (a) metastases DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 11-23, 19-68, to 11-26, 19-68, that (I) (we) last saw the deceased alive an 11-26-19-68, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 11-26-68 DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Antonio G. DeLeon, M.D. 7620 York Road, Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, BREMOVAL (Specify) Gilpin Manor Mem. 11-29-68 24 FLINERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 Elkton, Mide DATE DEC 2

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE OF DEATH 2b HOUR Month 25 Day (Type or print) 4. RACE S. MATE OF BIRTH F. JNDER 1 YEAR IF LINDER 24 HR 3 SEX AGE (In years last birthday) MONTHS DAYS HOURS 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in haspital 20 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during macket working I fe, even if retired ) 13d INSIDE CITY LUMITS? 13g USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES . 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Last ennie ewis 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter any one cause per line for-(a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO TIL 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D No. 21e. PLACE OF INJURY State City or Town County Nat while at work at work 22a. I certify that (I) (this haspital) attended the deceased from 19 0, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (bid-not) view the bady after death 22b. SIGNATURI 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE (State) 23a. BURIAL, CREMATION Md. REGISTRAR'S FUNZRAL DIRECTOR

O FUNERAL DIRECTOR: After this certificate has been directar, shauld VR A15 (4) 30M REV /68

executed within 24 hours after

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FUNERAL DIRECTOR: Poge

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15707

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN First M ddle Inst Month Doy 2b HOUR Yeas (Type or Print) OF ESTI-**JOHN** GEORGE TUERK 11-18 1965 DEATH MATED 4 RACE 6. AGE fin years JE LINDER 1 YEAR IF UNDER 24 HRS S DATE OF BIRTH 3 SEX 2c. DATE PRONOUNCED DEAD 2d HOUR last bethday) Month male white 4/28/22 46 YRS 7o BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH country) W-DOWED . DIVORCED | Baltimore.Md. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dur na most of working life, even it retired.) INDUSTRY
Soldier - National Guard give street oddress)
5513 Hea therwood Rd. Arbutus 130 JSJAL RESIDENCE (Where deceased I ved. funst.tut an Residence before 13c CITY OR TOWN 3e STREET AND NUMBER odmission) STATEMd. 13b (ORAl timore 5513 Heatherwood Rd. NO St Arbutus 14. FATHER S NAME 15 MOTHER'S MAIDEN NAME Sebastian Agnes Roettger Tuerk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS [Yes, no, or unknown] [ (If yes give war or dates of service) Navv WW 2 219-05-6461 Angela Cincibus Tuerk wife 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 11204A 19a DATE OF OPERATION 95 COND I ON FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? YES 🔲 NO K 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW NJURY OCCURRED (Enfer nature of injury in Part 1 or Part 2, tem 18) HOUR A M DICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f LOCATION Street or R.E.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my apin an Natural causes Undetermined manner death resulted fram: Accident Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1311 Lana DEPUTY MEDICAL EXAMINER NAME (Type) ADDRESS(Street, city, tawn, or county) Balto, m.D. 2122 23a BUR AL CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 11/22/68 Balto. Nat. Cem. Baltimore, Md. Burial

REC'D BY REGISTRAR

1968

25b. REGISTRAR S SIGNATURE

VR A15ME (5) 10M REV 1768

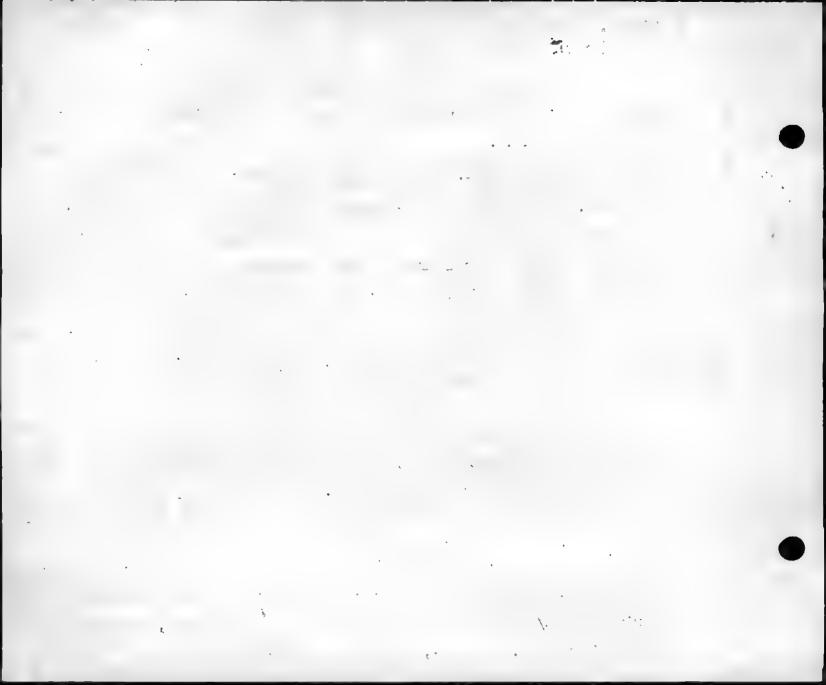
Schimunek Funeral Home, Inc.

Brehms Lane

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 20. DATE KNOWN (Type or Print) AGNES THILLEY DEATH, MATED 4 PACE S DATE OF BIRTH 6 AGE (in years IF JHDER 24 HRS 3 SEX and P.M3. August 20. 1882 86 YRS Female White ! 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore DIVORCED U.S.A. Baltimore 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY St. Joseph Hospital Towson 3d INSIDE CITY . M 157 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased I ved. if institution Residence before 13c CITY OR TOWN 13b\_COUNTY Parkville 8429 Old Harford 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Jehn Rache Elizabeth 16g WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) Miss Marie Aleisi Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), This certificate shauld stating the underlying couse farwarded to the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 NO# 21c HOW INJURY OCCURRED Jenter nature of injury in Port 1 or Part 2, Item 18) TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e PEACE OF INJURY (At home, form street factory, office building, etc.) 5 may be retained for O FUNERAL DIRECTOR: 22a I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry death resulted from ... Natural causes Accident Su cide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4 Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCAT ON (City or Town) (County) PENOVAL (Spacify) 11/30/68 Mereland Memerial Pk Baltimere. Maryland 24 FUNERAL DIRECTOR 25a REC D BY REG STRAR VR A15ME (5) : Leenard J Ruck Inc. Baltimore. Maryland

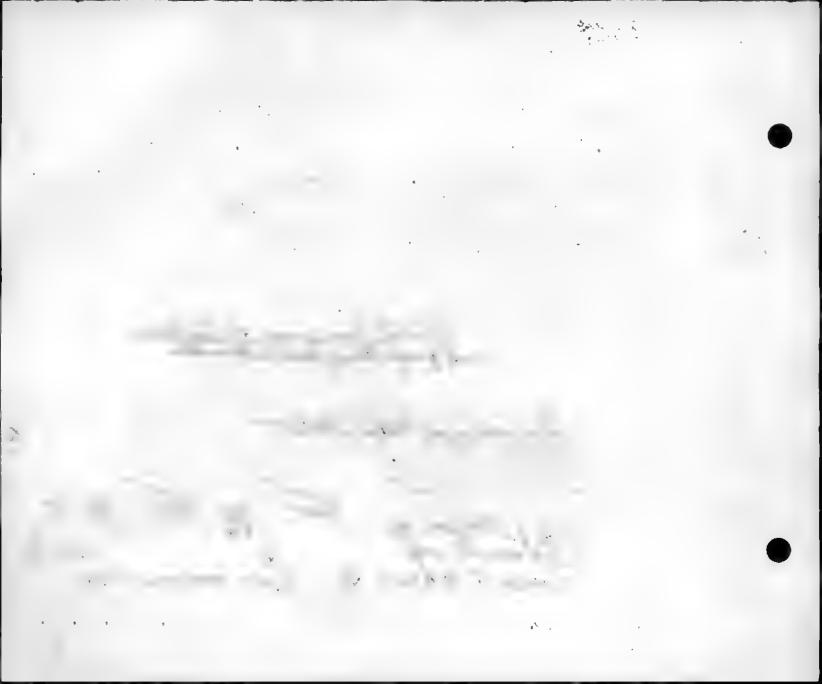


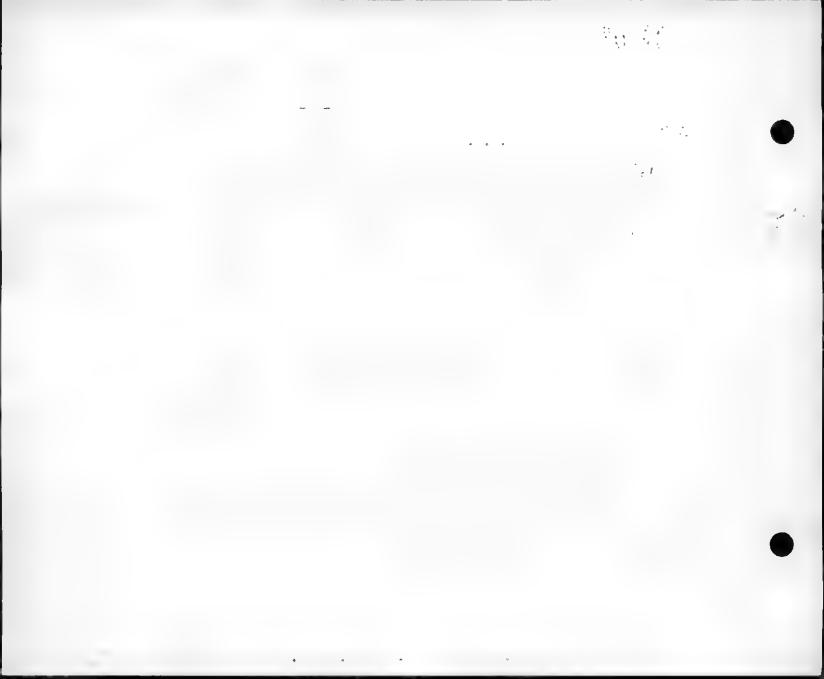
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executed within 24 hours

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15695 CERTIFICATE OF DEATH

10000	
1. PLACE OF DEATH 3. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimone
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Laynesville 2(2)+	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baynesville 21234
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
2500 E. Joppa Road	2500 E. Joppa Road ON A FARM?
	unbaugh   4. DATE Month Day Year Of DEATH November 21, 1968
Male White WIDOWED DIVORCED /	November 20, 1882 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  aretaker- netired (state Work	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT BOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Turnbaugh	Annie Corkran
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO,   17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) None  For	amily records
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b) and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cinoma Chelaplasis UNSET AND DEATH
1 11 DUE TO and perforation	of lower ento-scrotern.
Conditions, If any, which gave rise to immediate (b)	U
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED?
\$ 13 + Xeneralized albili	ration YES NO N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT OF THE SIGNIF	IRRED. (Enter nature of lojury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, Tarm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURBED 20e. PLA facto work at work 19 at work 19	ry, street, officerfidg , etc.)
21. I certify that (I) (this hospital) attended the deceased from	That 1960 to 1000 , 1968, that (1) (we) last
saw the deceased alive on 100 32 1968, and that	death occurred at 8 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING A MED. STAFF 1//2.3 /66
22c. PHYSICIAN'S NAME (Type) FRANK T KASIK VA	PHYS. DIRECTOR PHYS  22d. ADDRESS  9005 HARFORD RC
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	tery Parkville, Balto., Co., Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns Sons, Towson, Manufand	NOV 2 6 1968 Villandes Judge
John Burns Sons, Towson, Maryland	= =





			I÷.	emll FilmGho7 12/3/68 kk MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 157
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				CONTINUENTS OF PROPERTY
th.	and 2			EASED-NAME Prist Middle Lost 20, DATO OF DEATH Pe or pont) Mooth Poly Year O 2b HOUR
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s after	7		3. SE	Asec. 21. HOLES MAN YRS. MONTHS ONYS HOURS MAN
24 haurs after death	THE STATE OF THE S	4	<b>)</b> a. B	RTHPLACE State of Lareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED NEVER MARRIED MARRIED NEVER MARRIED MA
	ely filled ban pape within 7	Y	01	1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital  12. HOUR OCCUPATION (K not of work done give street address)  12. HOUR OCCUPATION (K not of work done live street address)  12. HOUR OCCUPATION (K not of work done live street address)  12. HOUR OCCUPATION (K not of work done live street address)  12. HOUR OCCUPATION (K not of work done live street address)  12. HOUR OCCUPATION (K not of work done live street address)
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эе өхөс	rem n an	, m	14 F	RESERVE FIRST FREDER Last / IS. MOTHER SMAJDEN NAME FIRST Middle Last Lusture 212-36
certificate be executed within				WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (It yes give war or doles of service) 16b. SOCIAL SECURITY NO CIT. INFORMANT COLLEGE WHICH GARDEN BELLANDER
gth cert	- BE			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease  Unknown
9	opernit.			THE TO OD AS A CONFEDENCE OF
(= 1	by the off ransit per cremation,			(and hans, if any, which gave) (ise to immediate cause (a). (b) Generalized Arteriosclerosis, advanced.
th s	d by I-trail			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)
duice	igne igne ourid			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
<u>e</u> ,	he to to to to		N	4200
The lay	arrenaing has been se as the th priar ta	2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
ä.	ficate for us Healt			21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
S	spire ertifi ed f		MEDICAL	(If either, natify med cal examiner) P.M. 19
PHYSICIAN	this contacts			21d. INJURY OCCURRED White Not white of work 12 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F. D. No. (City or Town County State of work 12 of work 12 of work 13 of work 14 of work 14 of work 14 of work 15 of w
NG.	fter fter be d State			22a. I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
NE T	The The			causes stated above, (i) (we) (did)
OR ATTENDIN	DIRECTOR: DIRECTOR: 3e 3 shaulded with the			22b. SIGNATURE  ATTENDING  MED.  DIRECTOR DIRECTOR DIRECTOR NOV. 15, 1968
	L DIR			the state of the s
SPIT	4 mc	1		A
TO HOSPITAL	rage 4 may be TO FUNERAL DIR director, page 3 shauld be filed		230	PURIAL CREMATOR 236 DATE 18 68 23C. NAME OF CEMETERY OR CREMATORY 23d DATE (County) (State)
	VR A15 (4 30M REV 1	100	24.	HYRA DIRECTOR 250, REE'D BY-REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DATE
		33.67	- 4	



15698

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15712

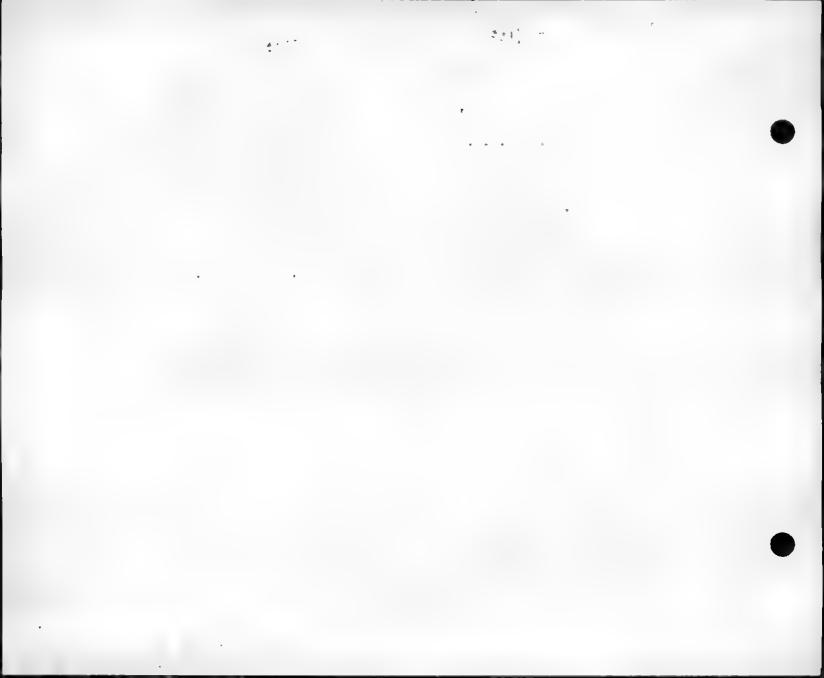
				EKIIFI	CATE OF L	ZAIN					
1. DECEASED-NAME	First		Middle		Lost		2a. DATE O		D	V	2b. HOUR
(Type or print)	Maude		Evelyn		Wallac	0		Month	Doy 5	Year 196	8
SEX		1. RACE			S. DATE OF BIR			6 AGE (in years		IDER 1 YEAR	IF UNDER 24 HRS
Female		Car	u.		2-14-	1888		last birthday)	YRS MONT	HS DAYS	HOURS MIN
BIRTHPLACE (State or	foreign 7b.	CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARR	IED [ ]	9 COUNTY O	F DEATH			
Dorchest	er Co.	U.S.A		WIDOWED			Balli	timore			,
CITY OR TOWN OF DE	\TH	11 NAM	E OF HOSPITAL OR INS	TITUTION (IF	not in hospital		AL OCCUPATION	N (Kind of work d			BUSINESS OR
Woodcro	ft	give str	eet oddress) H	ome		during m	ost of working Houses	g life, even if retir zri fe	ed.) In	IDUSTRY Howe	ewife.
o. USUAL RESIDENCE (V	here deceosed li			13c. CITY C	R TOWN 1:	INSIDE CITY L	The state of the s	TREET AND NUMBE	R		
lmission) STATE	Md.	I3b. COUNTY	altimore	Woo	dcroft	YES N	. <u></u>	21.22 F173	i e Pa	nd 21.	
. FATHER'S NAME	First	Middle	last		S. MOTHER'S MAI	DEN NAME I	irst	Midd	ie	, , , , , , , , , , , , , , , , , , ,	Last
			Carro	ו וו			Sarah				
o. WAS DECEASED EVEN	IN U.S. ARMED	FORCES?	6b. SOCIAL SECURITY N		INFORMANT		771.73	Addre	ess ,	21212	
Yes, na, ar unknown)	(If yes give war or e	dates at service)			Howell F	ורכעו	1200 9	46ER T		n: ) ) drcrc	
TIB. CAUSE OF DEA	IH (Enter anly or	ne cause per line	far (a), (b), and (c)		****	7 /			-	APPROXI	MATE INTERVAL INSET AND DEATH
	WAS CAUSED BY			neo	asole	al !	Jula	3.0 1/17	,	11/4	N. A. S.
	IMMEDIATE C		A CONSEQUENCE OF	100		,	6.			7	
Conditions, if any		(h)	Perles	15	POSE !	1000	dens	RIVE	RIF	10-	20.94
rise to immediate		DUE TO, OR AS	A CONSEQUENCE OF		B			7			- //
last	)	(c)	DIA	Ger	es.	Mille	ELKE	12			V
PART 2 OTHER SIG	#FICANT CONDITI	ONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR	ONDITION GIV	EN IN PART 1(a)			
. x											
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTO YES 221g. ACCIDENT WAS UNDERLYING 1216. TIME OF NURY 221g. HOW INJURY OCC											
					YES [	NO 🚣	CAUSE	ES OF DEATH?			
		21b. TIME OF		21c.	IOW INJURY OCCU	RRED (Ente	r noture of inju	ury in Port I or Pa	rt 2, Item	18.)	
OR CONTRIBUTING [			Month Doy Year								
ZIO INJUKT UCCUR	RED   21e PLA	CE OF INJURY (A	IT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Street	or R.F.D. No	Cit	y or Town	(0	unty	State
While Not while at work	9   1	(0	IFFICE BUILDING, ETC.	- 1	, /	_		1 1.	,		
		<del>ospita</del> l) attep	rded the decease	d from_	5/1/68	, 19_	, ta/	0128/68	, 19	, that	(l) (we) lo
saw the d	eceased alive	an_10/	rded the decease	9, or	nd that in (my	) ( <del>au</del> i) op	inian death	occurred on th	ie date a	nd haur (	and from th
	ted abave, (i	) (we) (did) (d	lid nat) view the l	oady after	death.						
	A	-11-	4	ND DEC	ATTENDING		NEO	STAFF	22c DATE	MUNEU	-/
225 SIGNATURE	0 1 C "	12-61 . out		JES J. 1861	REF PHYS	Les I	IRECTOR L	PHYS L	1111	~ 1 M3 >	r
Ost	eph	ORUK	0 266 10	A DEL			TRECTOR	rni3 —	_!1/6	1100	1
22d. PHYSICIAN'S NAME (Type)	Jose	OHUK	4 ndou	10	22e ADDR		TROA	Luxas	93.	7 P.L	2 dus
22d. PHYSICIAN'S "NAME (Type)	Jose,	our D	4 n Lov	110	228 ADDR		TROA	dway	7.36	all control	) dus
22d. Physician's "MAME (Type)			HNLOV 23c. NAME OF	110	228 ADDR	D. D.	TROAT 23d LOCAT	A Way	1	CCCCOUNTY)	(State)
22d. PHYSICIAN'S		0 Kuk ph D 8-1968		110	226 ADDR 100 R CREMATORY Cemetery	D N.	TROAT 23d LOCAT	dway	Ci	ity	(State)  Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the fine of director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death VR A15 [4]

within 24 haurs after

xecuted

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be. Page 4 may be retained by the hospital ar attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

# maryland state department of health division of statistical research and records, 301 w. preston street, baltimore 1, maryland 1569% certificate of death 157713

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defore Admission)
e. COUNTY Galtimore, MARYLAND	a. STATE Menyland b. countrattimore.
b. CITY OR FOWN (If outside corporate limits,   c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	O DIT ON TOWN (II ORIGINA ANTIQUES INITIAL INI
- 1 defeat.	Spanks-
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
Walters Lane	walters have. YES NOW
3. NAME OF First Middle	Lest 4. DATE Month Day Year
DECEASEO	Walters DEATH November 24 1968.
Add Control	8. DATE OF BIRTH 19. AGE (IN YOR'S   IFUNDER 1 YEAR HE UNDER 24 HRS.
	Mail 17 1907   last birthday   Months   Days   Hours   Min.
Mac White, WIDOWED DIVORCED	OP yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, Kind of Business or 1NDUSTRY	11. SIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
RETREDIOVEMENTOOLS.	Balthore City Md USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ham R Walton	Durch B Changest
15. WAS DECEASED EVER IN U.S. ARMEOFORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes pive war or dates of service)	
No   213-10-4012	= MARIE. Wolters. Starks. Maryland,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	222 - CANALL MAN DEATH
IMMEDIATE CAUSE (a)	
Conditions, if any, which	Atherosleros15
gave rise to immediate (	THURST COST S
cause (a), stating the DUE TO	active CARDICULASCOVIC
underlying cause last. (c) 17216721056 LLC	ENTIC CITYEDICATION AND AND AND AND AND AND AND AND AND AN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
8 / · · · /	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Pert I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor of the contribution of the	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
Hour a.m.  p.m.  19 While at work at work	ny, street, once mag, etc.)
	1/16/39 to 25 Sent 1960, thet (1) we) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 2 50179 Yal, and tha	t death occurred 12304M, from the causes and on the date stated above.
228. SIGNATURE OF OF OF STATE	ATTENDING - MED. STAFF - 11 /26 /6
Proceed with	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) DONALD O. WOOD. M.D.	22d. AODRESS York Road and Greenmeadow Dr.
Doming of wood, 1100	Timonium, Maryland 21093
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, Jewn or county) (State)
1211117 17 NOV. 26. 1968 CEARY COVE	Cemetery Parkton Dalto, Co. Md.
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Vacant Harland Jan Yhur fenonias	n. Ca DATE NOV 27 1968 goliantes Judge
amed & ratemación law Fallour	1. Value 1801

6.3

# FOR STATE DEPT. nd within 24 hauss after death. In y delay is my general in Item 18. Give Pages 1, 2, and 3 to I Exagement's Office along with farm PM3. Page iment of Jand 2 with the State DICAL ENAMINER: This certificate shamid be executed within 24 havrs after death ofter deoth. the funeral directar. Poge 4 should be forwarded to the Chief Medical Exarperter's pages Heolth prior to buriol, cremation, or removal, and 61 ony event within 7 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fil mecessory, please execute thm certificate, writing the word "pemding

5 may be retained for your files.

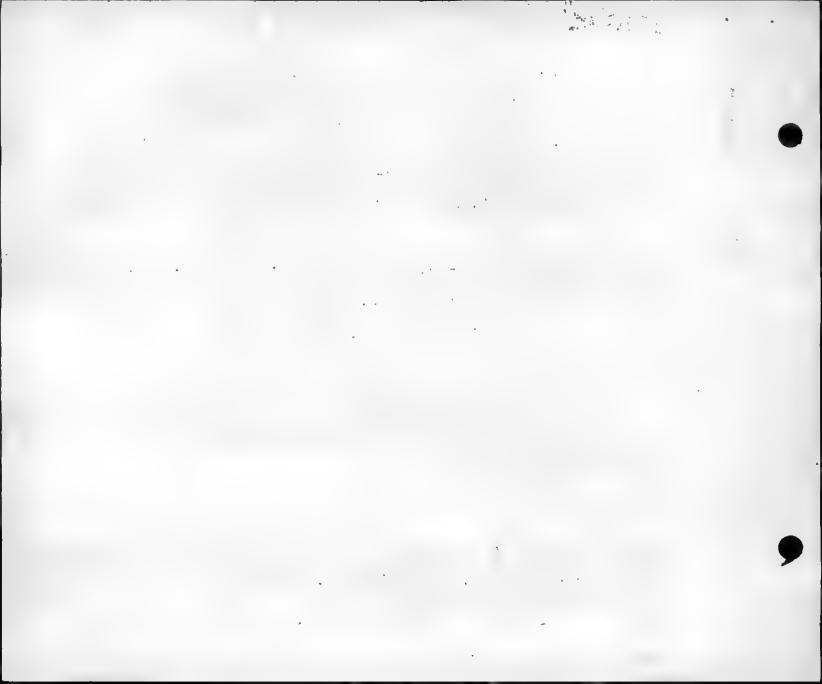
VR A15ME 10

TO DEPOT

MARYLAND STATE DEPARTMENT OF HEALTH 15700 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15714

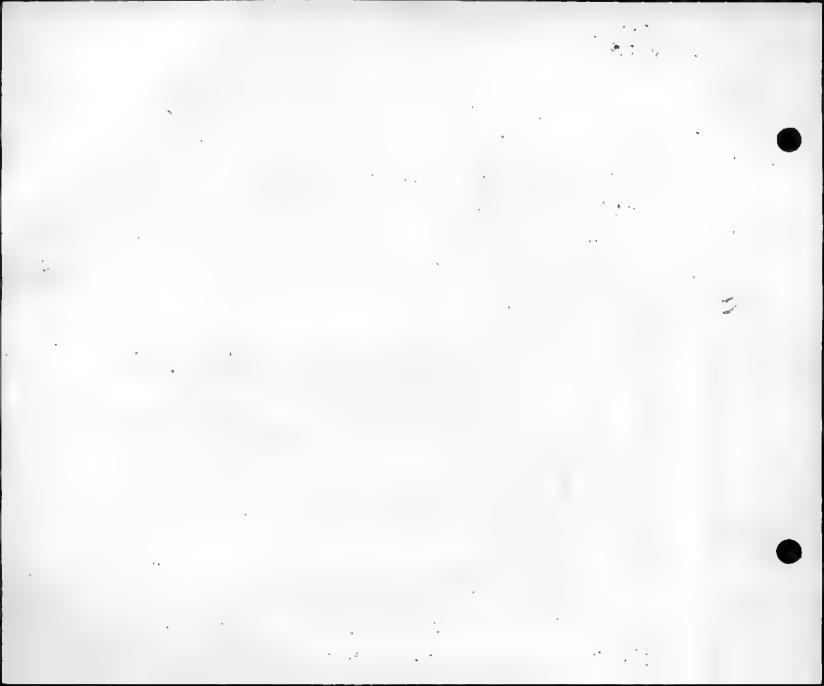
- 1	<ol> <li>DECEAS</li> </ol>		First		Middle		.051		20 DATE	KNOWN	nth (	Day Yeor	2b. HOUR
- 1	(Гуре	or Print)	Frank	K.	A	Wa	rner		OF	ESTI- H MATED		19	M
	3. SEX		4. RACE W	5. DATE OF BIRTH 5-27-98	6. AGE (III		YEAR IF UNDER DAYS HOURS	R 24 HRS.	1	PRONOUNCED DEAD		Year 1968	2d. HOUR 7 P <sub>M</sub>
0	(country)  10. CITY O  130. USU/ odmiss	PLACE (Stote  Pittst  OR TOWN OF  Baltim  AL RESIDENC  STATE  R'S NAME	on Pa. DEATH	give street Bethle	DUNTRY?  DE HOSPITAL OR INSTI	MARRIED NE WIDOWED TO THE INTERPRETATION OF THE INTERPRETATION  1-Sparro  1-Sparro  1-Sparro  1-Sparro  Baltimo	WS Pt I	USUAL OC Ig most o abox / UMITS?	working 13e STRE	EATH  Baltie  (Kind of work dot life, even if retired  ET AND NUMBER  Bethlehe  Middle	ne 1: d.) II	e 25 KIND OF BUS NDUSTRY Ste	Md.
П		un	known					1217	know	n			
ı		DECEASED EVE	R IN U.S. ARMED FO		SOCIAL SECURITY NO	17 INFORMA	rT	. 44.61	1441011	ADDRESS			
Į		o, or unknown Yes	unkno	r or dates of service)	<u>6-09-5560</u>	Mrs F	rank War	ner	1327	Bethleh	em_		
	/	PART I. DE	ATH WAS CAUSED	DUE TO, OR AS A	lmonary H							APPROXIMATI BETWEEN ONSET	
	rise stat <u>last</u>	to immediating the und	ote couse (a), ( lerlying couse	(b) Ca.  DUE TO, OR AS A  (c) ONTRIBUTING TO	CONSEQUENCE OF			CONDITIO	PN GIVEN 1	N PART 1(a)			
	180.	19a. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPS	NO NO
	PRI CAI	USE OF DEATH	CONTRIBUTING	216. TIME OF INJUR HOUR A.M P.M.	Y Manth, Day, Year 19	21c. HOW IN.	JRY OCCURRED (E	nter natu	re of injur	y in Port 1 or Port	2, Iten	n 18.)	
		NHLE HO AT		ACE OF INJURY (At har ory, affice building, etc.		21f. LOCATION	Street or R F D, No	a	City	ar Tawn		County	State
			ertify that I too	ok charge of the re Natyrol causes [		_	Autopsy [], ], Hom ci	_	spectian Unde	Inquiry ptermined monr		and in m	ny apinian
		TUAL GNATURE	1/1/	520	my	M.	Denimi Menia	DICAL EXA	MINER	226 0	ATE SI	IGNED	Q'
1		AMINER'S AME (Type)		avis, M.D.		ndalk, Mo	DEPUTY MEDIC ADDRESS(Stree			inty)			3
	23a BUI REA	RIAL, CREMATI	ON, 23b D	ornington ATE 25-1968	23c. NAME OF CEL	METERY OR CREMA	ORY	23d	LOCATION	V (City or Town)	,		State)
		urial ERAL DIRECTO		ZJ-1700	ADDRESS	Heart Ce	2So. REC	D BY RE	GISTRAR	ore Mary			
2	WALT	ER DA	BROWSKI	1005 DUNDA	ALK AVENU	E	DATENC	JV Z	5 19	68 file	2ng	My young	idiga-



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	<ul> <li>4 may be retained by the haspital or attending physician.</li> <li>INSDAL DIDECTOR. After this confidents has been singed by the attending physicial</li> </ul>	director, page 3 should be detached for use as the burial-transit permit. Then p	<b>=</b>	
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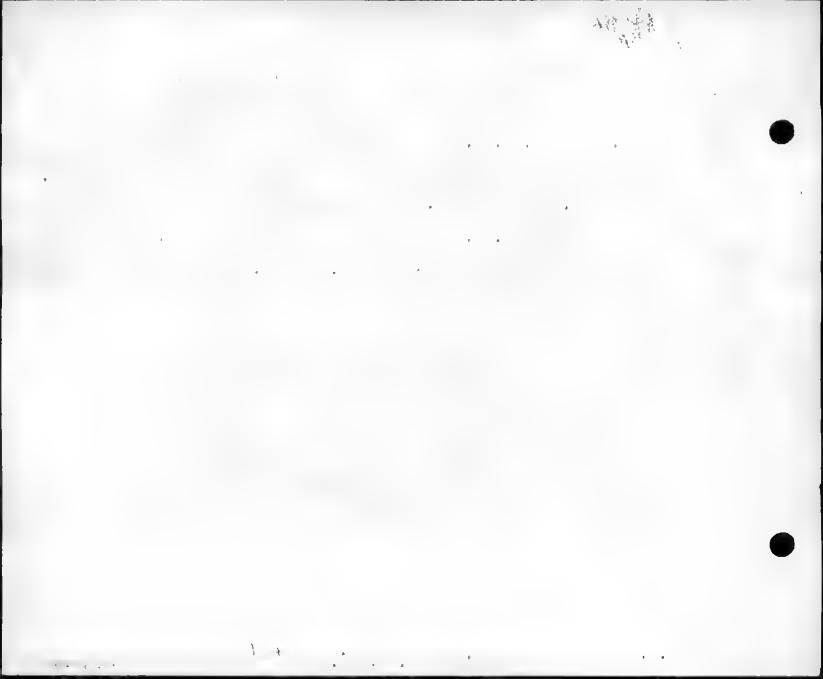
YR A15 (4) 30M REV, 1/68

	15705	DIVISION O	F VITAL RECORDS,	301 W. PR	ESTON STREET	, BALTIMOR	E, MARYLAND 2120	1 15/1	5		
Ti	tem 23 a.Film	0 1.07 10	/6/68 11w	CERTIFIC/	ATE OF DE	ATH					
1 0	CEASED-NAME	First	Middle		Last	20	DATE OF DEATH		2b HOUR		
(1	ype or print)	ary	Carten	) u	Jatson		Month 30	Day Yeor	350 M		
3. SI	X	4. RACE			. DATE OF BIRTH	,	6 AGE (In years	IF UNDER 1 YEAR			
	Female	w.	h, te		12/11/	1897	lost birthday)	YRS. MONTHS DAY	S MOURS MIN		
7o	BIRTHPLACE (Stote or foreign			8. MARRIED	NEVER MARRIED	9 CO1	INTY OF DEATH				
	Virginia	21.		MIDOMED	DIVORCED		BALTIMOR		Md		
	Catono 21/Ce	give	NAME OF HOSPITAL OR IN Sostinger address)			tunna most of	UPATION (Kind of work do wark ng life, eyen if retire	ed ) INDUSTRY	OF BUSINESS OR		
	USUAL RESIDENCE (Where de	eceased liyed, if instit	non Residence before	13c, CITY OR 1	OWN 138 II	NSIDE CITY LIMITS?	13e STREET AND NUMBER	2			
adm	issian) STATE	136 COHNTY	in Genze	Hyath	ville YES	□ NO□	7400 Til	den 51	*		
14.	ATHER S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN		Middl	- 1	last		
	deceas	ud (uni	(noum)		dece	etal	(un/ina	wn)			
160	(If yes	. ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY		FORMANT	-d	Addres	ss			
	18. CAUSE OF DEATH (Ent	er only one couse per	line for (a). (b), and (c)			<u> </u>			OXIMATE INTERVAL N DNSET AND DEATH		
	PART I. DEATH WAS C.	AJSED BY:	Cardia	BR	P/=57.			<u> </u>	A DIEKT AND DENIT		
	4129	MEDIATE CAUSE (a)	AS A CONSEQUENCE OF	<u> </u>	1						
	Conditions, if only, which g		Hi lon For	That Ich	11.4						
	rise to îmmediote couse	(G), ( DUE TO OR	AS <sub>y</sub> A CONSEQUENCE OF	I KAL	M	h /	Estains solersti				
	stating the underlying couse (c) RAYA CONSEQUENCE OF (CENTERALIZED) HERAT ALSLASES—										
	PART 2 OTHER SIGNIFICAN			***		EASE OR CONDIT					
_	4200										
ATIO	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS P	RFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDIN	IGS CONSIDERED IN	CERTIFYING		
CERTIFICATION					YES 🗀	NO 🖂	CAUSES OF DEATH?				
	21a. ACCIDENT WAS UNDE				W INJURY OCCURR	ED (Enter natur	e of injury in Part 1 or Pai	rt 2, Item 18.)			
MEDICAL	or contributing (aused) (If either, natify medical e	FOEATH HOUR A.M		9							
ME	21d INJURY OCCURRED Whre Not while	21e. PLACE OF INJURY	( AT HOME FARM, STREET F/ DEFICE BUILDING, ETC.		ATION Street or	R.F.D. No.	City or Town	County	Stote		
	at work ot work				,						
	22a. I certify that (I)	(this haspital) at	tended the deceas	ed fram_/C	that in land to	_ , 19 <u>_6-7</u> ,	ta <u>/0/30</u> , death accurred an th	, 19 <u>68</u> , th	ot (I) (we) last		
	causes stated a	oave: (1) (we) (stid	) (did nat) view the	bady after de	eath.	apinian	aeath accorrea an th	e date and flat	ona mam me		
	22b. SIGNATURE	K21						22c. DATE SIGNED	4		
	La	Postillant	MD	DEGRE	E PHYS	MED.	R PHYS, DD	10/30	168		
	22d PHYSICIAN'S NAME (Type)	- 6	0.00	OF .	22e. ADDRESS	0 -		, ,			
		06610	17-1-1-1-1-1	PC M		BSH					
23a		23b. DATE		CEMETERY OR C			LOCATION (City or Town)	(County)	(Stote)		
_	04 Z 04 144	Dec3-19		SONIC	, loc		iddleway	Jeffor So	N WV		
24.	FUNERAL DIRECTOR		Color of the state	1:	250	RECD BY REG	1968 236. RIGISTI	RARS SIGNATURE	MAR.		
	STORE OF C		LANGE CO. FOLLOWER	100 - 10	LCC I DA	Ibo er o -	1 6	- (1	Eur .		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15702 13716 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2c. DATE OF DEATH Lost 2b. HOUR requires that the death certificate be executed within 24 hours after death. after death. filed in by the funeral papers I and (Type or print) Sidney Watters, Sr. Nov 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost birthday) 3/16/1886 W 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Baltimore U. S. A. WIDOWED | DIVORCED [ Md. EL NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY State 10. CITY OR TOWN OF DEATH during most of working te, even if retired.)

Tax Agent give street address) Monkton Manor Road 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY YES 🗔 NO 📆 Manor Road Balto. Monkton Md. signed by the attending physician and co burial-transit permit. Then please remai and in any 14. EATHER S NAME Middle First 1S. MOTHER'S MAIDEN NAME First Middle William J. H. Marv Nicodemus Watters 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 212-09-4279 Mrs. Louis P. Watters (Same) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. Carcinoma IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [T] NO X far use 4 may be retained by the haspital ar 21a. ACCIDENT WAS JNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify med tol examiner) P.M. 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town (ounty State \_\_\_\_\_, 19.48 , ta // or . 7. \_\_\_\_, 19.68 , that (I) (we) fast 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS 22a ADDRESS 22d. PHYS CIAN S NAME (Type) Cockey Sor 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (State) REMOVAL (Specify) Greenmount Baltimore Md. 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE .W.Jenkins & Sons Co. 4905 York



O DEPUTY CICAL EXAMINER: This certificate shauld be executed within 34 haurs after death only delay is an an acessary, please execute the certificate, writing the ward "pending" if pecil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Ch ef Medical Examiners Office along with farm PM3. Page 41 S may be retained far your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

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MARYLAND STATE DEPARTMENT OF HEALTH

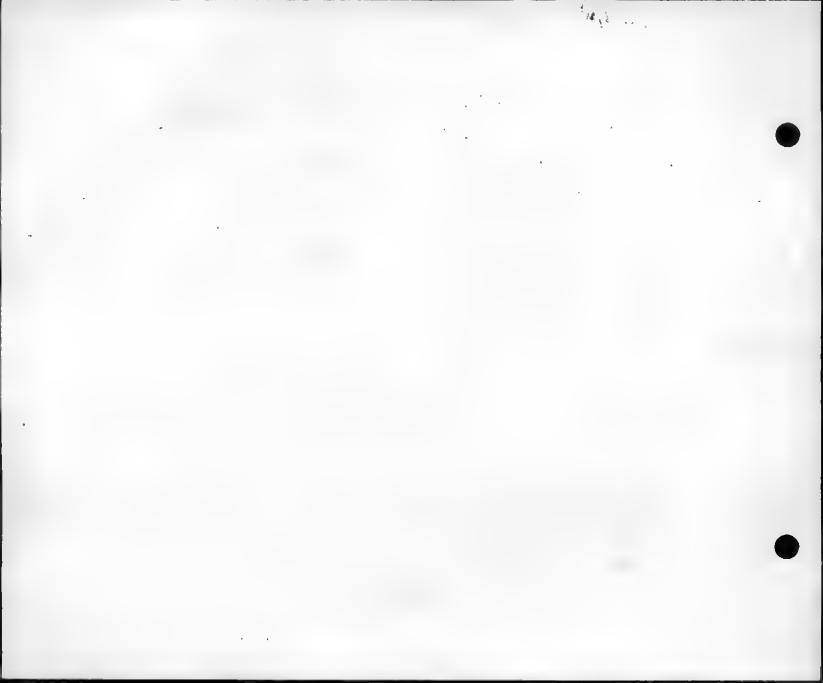
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15717

_		The state of the s
•		ECEASED NAME PIRST ARTHUR GORMAN Weber 20 DATE KNOWN Month Doy Year 20 HOUR OF ESTI- DEATH MATED NOW 25 1968 5 MM
	3 SE	MALE RACE S DATE OF BIRTH 6. AGE (n years problem) FUNDER 1 YEAR IF UNDER 24 HRS 20. DATE PRONOUNCED DEAD NOW 19 19 19 19 19 19 19 19 19 19 19 19 19
	7a 8	BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED HEVER MARRIED   9 COUNTY OF DEATH.  NTY) M FB 4Lance
	10.0	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol during troot of working if even if refired)  12. I NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol during troot of working if even if refired)  12. III. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol during troot of working if even if refired)  13. III. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol during troot of working if even if refired)
4		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c/city OR TOWN dm ssion) STATE 13b. COUNTY Sallo TARKUITE YES NO 3932 Outty hill 31234
1	14 F/	ATHER'S NAME First MADE MADE First OHO Grant Weber 15. MOTHER'S MAIDEN NAME First & Limited Bruch
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (as, no, gryngnown) (If yes give wor er dates of service) 216-01 4768 Wife 9 sure 2932 bulls hell 21234
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o).  CHI CEN ONCE 1 AREA CAUSED BY.  IMMEDIATE CAUSE (o).
		Conditions, if ony, which gove (b)
		nse to immediate couse (a).  stoting the underlying couse lost.
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
į.	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES \( \sum \ NO \( \sum \)
	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF NURY Month, Doy, Year HOUR A.M. P.M. 19
	ME	21d INJURY OCCURRED  WHILE  AT WORK  21e. PLACE OF IN. JRY (At home, form, street.  AT WORK  21f. OCATION Street or R.F.D. No  City or Town  County  Stote
		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
		ACTUAL SIGNATURE ASS STANT MED CAL EXAMINER 226 DATE SIGNED
		EXAMINER'S NAME (Type) SUHN C. 144 C DEPUTY MED (AL EXAM NER D 11-25-68 ADDRESS(Street, city, town, or county) 5-27 Balling Rev
	V	BURIAL EREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City or Town) (County) (Stote)

VR A15ME (5) 10M REV 1/68

TO DEPUTY



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIF	CATE OF	DEATH				101	
	ECEASED-NAME Type or print)	First		Middle		Last		2a. DATE OF	DEATH Month	Doy	Year	26 HOUR
	*	ERNEST		FRED		WEBER		1	VOVEMBER		1968	6:30PM
3 51		4. RAC				S DATE OF BI			6. AGE (In years last birthoay)		UNDER 1 YEAR	IF UNDER 24 HRS
_	MALE		CAUCAS	IAN		JANUA	RY 29,	1897	71	YRS MO	MIH2 DAYS	HOURS MIN
70.	81RTHPLACE (State or fore)	gn 75 CITIZ	en of what c	OUNTRY?	8 MARRIE	NEVER MAR	R ED 9	COUNTY OF	DEATH			
COU	TOWA		U.S.A.		WIDOWE		RCED 🗌	BALTI	MORE			Md
10. (	CITY OR TOWN OF DEATH		11. NAME C	F HOSPITAL OR INS	TATUTION	history de l'aliant			(Kind of work de		126 KIND OF E	
	FORT HOWARD	D	give street	rans add			during mos	TRICK	DROVER	(d)	INDUSTRY	_
I3a	USUA. RESIDENCE (Where		if institution (		13c CITY		13d INSIDE CITY LIM		REET AND NUMBER			_
वर्षना	ISSION) STATE MARYLAND	13b (	OUNTY RCHEST	TER	CAMB	RIDGE	YES 📉 NO	D 205	SUNBUR	ST H	IGHWAY	
14	FATHER S NAME First		Middle	Lost		IS MOTHERS MA	A DEN NAME Fr		Meddl			Lost
	HAR	RY	J	WEBER			CAI	ROLINE			GE	DRBBR
lóo.	WAS DECEASED EVER IN			SOCIAL SECURITY I	VO 17	INFORMANT			Addres	is		
١	res. no. or unknown) (III	yes give wor or dates of	service) 20	2 32 05	15	LINTCAT	RECORT	OS VA F	OSP. FT	HOW	ARD N	(T)
	18. CAUSE OF DEATH (E	nter only one cau						RAL JAA.A		14016	APPROX M	ATE INTERVAL
	PART I DEATH WAS	CAUSED BY	7.17	-LATERAI		CHO_DNE	TMONTA				5 DA	
	32da 1	MMEDIATE CAUSE	(4)		TITIO1	CHO-LIE	ATHORIO				) DA	10
	Cand trons, if any, which			CONSEQUENCE OF	TTTTE C	THORIT CHIL	T'A				6 DA	ve
	rise ta immediate caus	ie (a),	1-1	AM-NEGAT	TAF	DER TITCEM	LIA				O DA	10
	stating the underlying last.	COUSE DOE		CONSEQUENCE OF	D. 101		a=0				( 50	110
	PART 2 OTHER SIGNIFIC	WY CONDITIONS		REORATET				AIDITION O VEN	IN DIDY 1/ 1		6 DA	YS
								NUTTON G YER	IN PAKI I(G)			
NO	POST -OP R			ECTOMY F PERATION WAS PE		NCER OF		1001 45	WEE THESE SANGE	06. 50115	IDENED IN ASS	- WIFTHIAM
CERTIFICATION	TYG DATE OF OPERATION	76. CONDITION	FOR WHICH O	FERALION WAS PE	Krokmed				YES, WERE FINDIN OF DEATH?	G2 CON2	IDERED IN CE	CHEYING
ERTH	21a ACC DENT WAS UNI	STRIVING TAN	71115 05 1111			YES 🔁				YES		
CAL C	TOR CONTRIBUTING TALL	No. of	TIME OF INJU UR A.M. MA	onth Day Year	230	HOW INJURY OCC	URRED (Enter	nature of injur	y in Part 1 ar Par	t 2, Item	18)	
MEDIC	(If either, natify medical	examiner)	P.M.	19								
25	21d, INJURY OCCURRED While  Nat while	21e. PLACE OF	INJURY (AT H	DME, FARM, STREET FAC E BUILDING, ETC.	TORY ) 21f.	LOCATION Stree	t or R.F.D. Na.	City	or Town	C	ounty	5tate
	at wark at work											
	22a. I <b>certify</b> that a saw the decea	<b>QX</b> (this haspit	al) attende	d the decease	d fram	10/2/6	8_, 19	, ta	1/9/68	19	, that	(t) (we) last
	saw the deced	see alive an.	2) (414) ( <b>)(1)(</b>	Not view the	y, a	nd that in ∦ani rdeath	y/-(aur) opin	ion death o	ccurred on the	date:	and hour a	nd from the
	22b SIGNATURE	doore zho (m)	7 (010) (011)	Sesti-Alesa itie	body dire	uçuni			7	22c DATE	E SIGNED	
	1/1	1/-3	10		TOP	ATTENDIN	IG ME	D ECTOR	STAFF K		1 10 6	8
	22d PHYSIC AN'S		-			22e ADD		ECTOR C	SHLD GO		1. 10 0	
		RISHNA V	.S. RA	O, M.D.				. FOR	HOWARD	MA	RYLARID	
230	BUR AL CREMATION,	23b DATE		23Eargre ON	CEMETEDY O							
200	HER Aprofy)	Nov 12	1968	XE MARKE				Tast"	CAMBRED		TWANT D	
24	FILLIEDAL DIDECTOR			ADDRESS	011	4,4 464 164	05 05610 011	DCC CTD4C	000 000000	- Anna Jan		verar"

FUNERAL HOME, HIGH ST, CAMBRIDGE, MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician bad cempletely filled in by the ful director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after

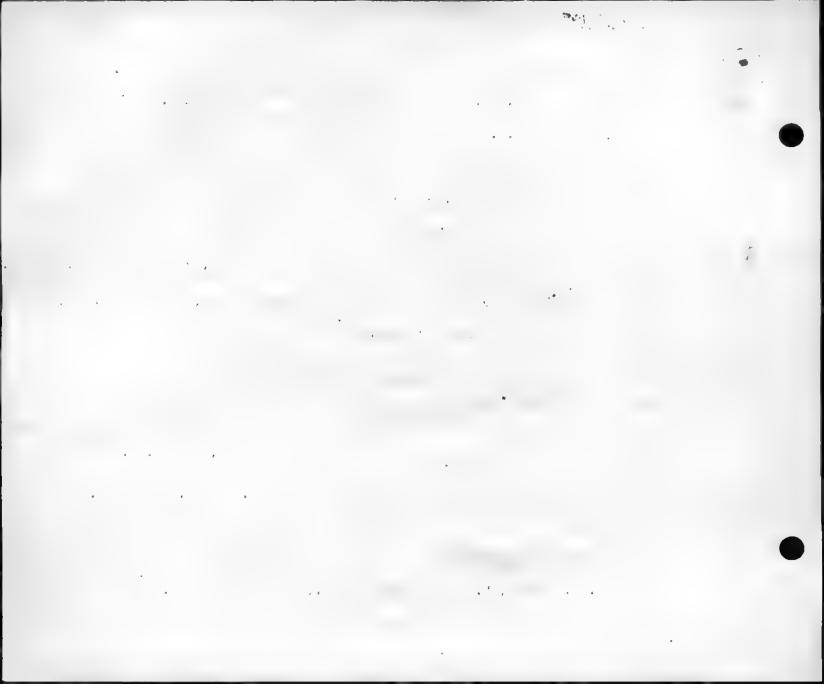
ted within 24 hours aft

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate,

Poge 4 may be retained by the hospital or attending physician.





## 15706

**TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be Poge 4 moy be retained by the hospital or attending physician.

cecuted within 24 hours afti

	, 301 W. PRESTON STREET CERTIFICATE OF DE	r, Baltimore, Maryland 21201	15720
Madello	Loct	20 DATE OF DEATH	

$(\mathcal{X})$						EK HELCA	IE UF DE	АІП			
		ECEASED-NAME (ype or print)	First ANNA		Middle LORETTA		Last WENGER		DATE OF DEATH VEMBER Month 11 Day	7 O X 100°	2b. HOUR 1 11:45 <sub>M</sub>
			MALL		LONSITA			1101			
	3. SE			4 RACE	TMD		DATE OF BIRTH	21 <b>. 18</b> 97	6. AGE (In years lost birthday)	F JHDER YEAR MONTHS DAYS	HOURS M.H.
	7a E	FEMALE BIRTHPLACE (State or fo	reign		OF WHAT COUNTRY?		CTOBER ARRIED		NTY OF DEATH		
	ÇOUF	MARYLAN	1D	13	S.A.	WIDOWED			ALTIMORE.		M
κ,	10 C	TOWSON			dine Red oggas EDH	HOSPI1	in hospital	2a USUAL OCCU	PATION (Kind of work dane	126 KIND O INDUSTRY	F BUSINESS OR
1		USUAL RESIDENCE (Whossian) STATE  MARYI		d lived, if in	stitution: Residence before	Balto.	OWN 13d IN YES	NSIDE CITY LIM 123	13e STREET AND NUMBER 5020 BALTIMOR		#21229 ONAL PI
ing.	14 F	FATHER'S NAME FI		Mid	dle Last	15	NOTHER'S MAIDEN	_	Middle		Lost
			ob We				Helen	16			
		es, no, or unknown)		ED FORCES? r of doles of serve	16b. SOCIAL SECURITY N		ORMANT Marca	net Wan	Address nger, 5020 Bull	to Not	ti Dika
	-	no					a • war. 8a	TAC MAIL	Rer, JOSO BUT		XIMATE INTERVA.
		1B. CAUSE OF DEATH PART 1. DEATH W	INC. CRESCED.	nu '	per line far (o), (b), and (c) )						OHSET AND DEATH
			IMMEDIAT	E CAUSE (o)	CEREBRAL HEM						
		Conditions, if any, wh	nch gave I	DUE TO,	OESSENSETHE OF	YPERTEN	SION.				
		rise to immediate co	ouse (o), (	OUE TO	OR AS A CONSEQUENCE OF						
		stating the underlying lost.	ig cause	10	OF AD A COMPLETENCE OF						
		PART 2 OTHER SIGNI	FICANT CONF	SITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	HE TERMINAL DIST	EASE OR CONDITIO	ON GIVEN IN PART 1(0)		
	= 33/x										
	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. C	ONDITION FO	R WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN	CERTIFYING
2	RTIFI						YES 🔲	NO 🔀			
	MEDICAL CE	21 a ACCIDENT WAS I OR CONTRIBUTING C (If either, notify medi	AUSE OF DEATH	HOUR	P.M. 19			,	of injury in Part 1 or Part 2, I	ltem 18.)	
	ME	21d. INJURY OCCURRE While Not while of wark			URY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC				City or Town	Caunty	State
		22a. I certify the sow the dec causes state	it ( <b>)):</b> (this eosed oli ed abave,	hospitol) ve on_h (x) (we) (	ottended the decease lowember 11 1 did) (decead) view the l	ed fram NOA 968 and body after de	TEMBER 1.1 thot in (1974) (cath.	<b>L</b> . 19 <u>. 68</u> ., our) opinion o	to <u>NOVEMBER 119</u> death occurred on the da	_68 , tho te and how	ot [6] (we) lo r and from th
		22b. SIGNATURE	^				ATTENDING	MED.	220	DATE SIGNED	
		30 ma	Yer	rollie		DEGREE	PHYS	☐ DIRECTOR		ember	12, 196
1		22d. PHYSICIAN'S NAME (Type)	Lorna	Gaudi	el, M.D.		22e. ADDRESS 7620	O York I			
-	23a	RURIA, CREMATION	23b. D.		23c. NAME OF C	CEMETERY OR C			LOCATION (City or Town)	(County)	(State)
2	2001	REMOVAL (Specify)		/14/6			emeterv		ltimore. Md.	(	1- 51
Jr.		FUNERAL DIRECTOR		, ,,,	ADDRESS		2Sa.	. REC'D BY REGIS	STRAR 2Sb. REGISTRAR'S		
() <del>)</del> / /68	W.	itzke, 410	11 Edm	ondso	n Ave., 21229	9	DAT	TENOV 1.2	2 1968 /Clas	alay Ja	Sec.



		15707	DIVISION OF VITAL RECORDS	, 301 W. P	RESTON STREET, BALTIN		1572	
		ECEASED-NAME First (Ype or print) Mattie		1.71.	last eeler	20. DATE OF DEATH	<sup>1</sup> . 1 <sup>1</sup> 958	2b HOUR
1	3. SE		4. RACE	MII	S. DATE OF BIRTH			8-04 M
١	5. 30	female	white		October 31,	6. AGE (In years lost birthdoy) YRS.		HOURS MIN
	COUL	west Va.	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED	DIYORCED DIYORCED	COUNTY OF DEATH Baltimore		Md
	10. 0	CITY OR TOWN OF DEATH	give street address) 1200 Wakef			OCCUPATION (Kind of work dane t of working life, even if retired ) nemaker	125 KIND OF BU INDUSTRY	ISINESS OR
	13o odm	USUAL RESIDENCE (Where decease issian) STATE Md.	ied lived, if institution Residence before 13b. COUNTY Balto.	13c, CITY OR	TOWN 13d INSIDE CITY CHAPT YES NOT	THE STREET THE PROTECTION	ord Circl	8
	14. [	FATHER'S NAME First Rufus	Middle Last Martin Wheele		MOTHER'S MAIDEN NAME Firs		Моо	lost <b>re</b>
		. WAS DECEASED EVER IN U.S. ARM fes, no, or unknown) (If yes give w 110	MED FORCES? 16b SOCIAL SECURITY 220–46–26		nformani s. Betty Dicki	Address Inson 1200 Wakef		
		PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c D BY- ATE CAUSE (a)	nclerol	To cardino	rever deseare	APPROXIMA BETWEEN ONS	
		Carditions, if ony, which gove) rise to immediate cause (o), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
		last	(c)					
	N.	PART 2. OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT I	NOT RELATED TO	THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1(0)		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	PERFORMED	20o. AUTOPSY?  YES NO NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	IFYING
	MEDICAL CET	21 a ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examin	IH HOUR A.M. Manth Doy Year	21c. He	DW INJURY OCCURRED (Enter r	noture of injury in Port I or Port 2,	Item 18.)	
	ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ή,	M 1 - T	City or Town	County	Stote
		saw the deceased al	is hospital) attended the decease	19 6 7 an	d that in (my) ( <del>our)</del> opini	on death accurred on the d	that (	l) ( <del>we)</del> last nd from the
		causes stated oboye	(()) (we) (did) (did not) view the	e body ofter	deoth.			

director, page 3 should be detoched for use as the burial transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after OR ATTENDING PHYSICIAN; The law requires that the Leath certificate attending physic permit. Then pla TO FUNERAL DIRECTOR: After this certificate hos been signed by the attendir director, page 3 should be detoched for use as the burial transit permit. Poge 4 may be retained by the hospital or attending physician. TO HOSPITAL

e executed within 24 hours after deoth

ompletely filled in by the pages

22d. PHYSICIAN'S NAME (Type) E J. Alessi

ATTENDING PHYS

22e. ADDRESS

DEGREE

MED. DIRECTOR

STAFF PHYS

22c DATE SIGNED

**BURIAL, CREMATION** burial (Specify)

226 SIGNATURE

23b. DATE

11/12/68

Mitchell-Wiedefeld Home 6500 York Rd. #21212

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

Harford Road

(County) (Stote)

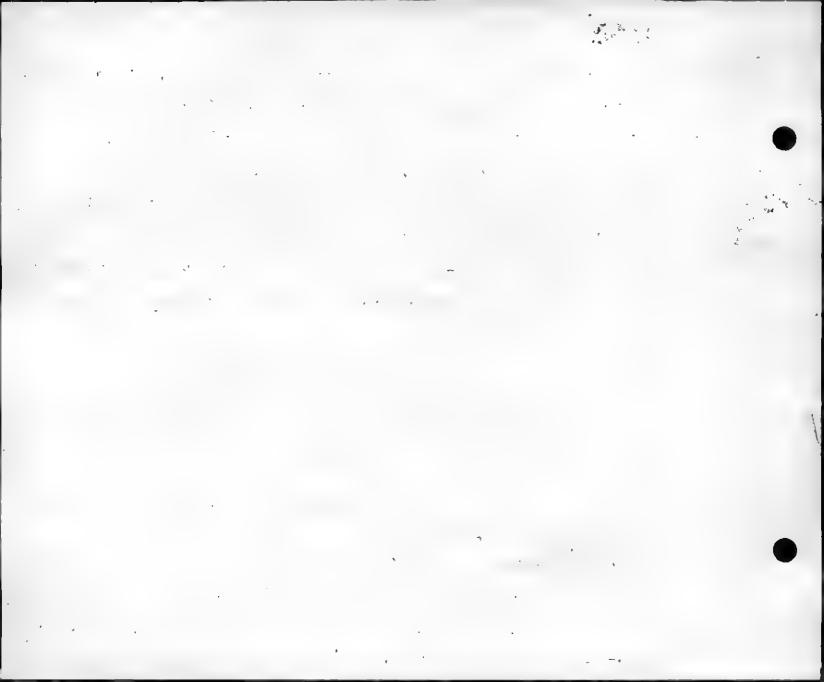
24. FUNERAL DIRECTOR

Riverview ADDRESS

25a. RECD BY REGISTRAR DATE NOV

Strasburg, Virginia 25b. REGISTRAR'S SIGNATURE

1968



and 2

ban papers. within 72 hour.

event

within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

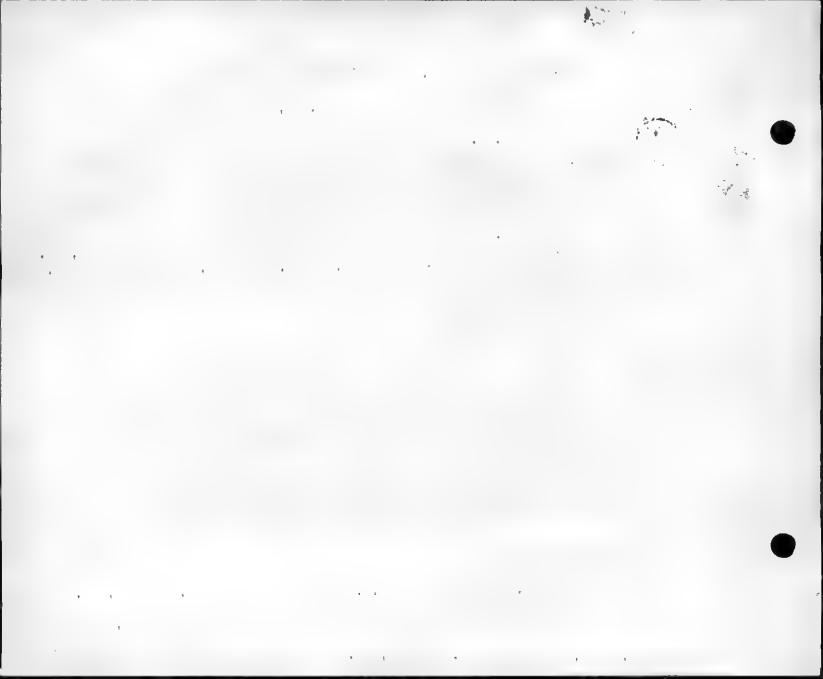
Page 4 may be retained by the hospital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

I. DECEASED		First		Middle	Lost			20 DATE OF			2b H	26 HOUR	
(Type or	or print) Fran		s	C.	Witenhold		ar .	1	Month Do	2 1068	1968 731M		
3. SEX			4. RACE		•	5. DATE OF E			6. AGE (In years	IF UNDER I YEAR	IF UNDER 2	24 /FRS.	
	Male	~4	White				30, 19	13	lost birthdoy)	MONTHS DAYS	HOURS	MIN	
O RIPTHPU	ACE (State o	r foreign	7b. CIT.ZEN OF WI	IAT COUNTRY?	B. MARDIER			COUNTY OF		<del></del>			
country)	aryla	nd	U. S. A		WIDOWED	NEVER MA	RCED .	Balti					
	-									Tigh King o	F DISCOURSE	Md.	
Dan	rown of d ndalk	tAin	988	ME OF HOSPITAL OR INS treet oddress) LL Besseme	ar Ave	not in pospitoi	during mos		(Kind of work done life, even if retired ) Arm	12b. Kind of Industry		OK	
30 USUAL	RESIDENCE (	Where decease	d lived of institut	on Recidence before	13c CITY O	R TOWN	13d. INSIDE CITY LIM		REET AND NUMBER				
odmission)	STAR	yland	13b COUNTY Ba	ltimore_	Dund	lalk	YES NO	<b>⊠</b>   681	1 Besseme	r Avenu	10		
14. FATHER S		First	Mrddle	Lost	1		AIDEN NAME Fir		Middle		Lost		
	Cl	narles	E.	Wienhol	ld		Can	roline		Dec	kret		
Iéo WAS D	ECEASED EVE	ER IN L.S. ARM	ED FORCES?	16b SOCIAL SECURITY N	1	INFORMANT	Wife		Address D	undalk.	Ma		
Yes, no, o	or unknown) D	( if yes give wi		213-09-14				b foder	6811 Bes	MINSTER,	1201		
	-					101 110	7 23 4022	*IMIOTO!	COLL DOS	APPROX	X MATE INTERVA	At	
1B. CA	1B. CAUSE OF DEATH (Enter only one couse per line foc (o), (b), and (c).) PART I DEATH WAS CAUSED BY:										BETWEEN ONSET AND DEATH		
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) L+mbhe-SARCOMa										yka		
90	001		DUE TO, OR A	S A CONSEQUENCE OF							•		
	Conditions, if any, which gave												
	rise to immediate couse (a), {     stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
lost.													
PART :	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
Α			_										
0 10 /5	ATE OF OPER	AT ON 1195 (	DITION FOR WH	ICH OPERATION WAS PE	REORMED	20o. AUT	npsy?	20b 1F	YES, WERE FINDINGS (	CONSIDERED IN C	CERTIFYING	_	
₹ ./1	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSTITUTION FOR WHICH OPERATION WAS PERFORMED YES NO PO CAUSES OF DEATH?												
1 John Marie		AS UNDERLYIN	G 21b THME OF	THI TOV	2.			natura aš in iu	y in Part 1 or Part 2,	Itom 10)			
E GORG	CONTR BLT NO.	CAUSE OF DEAT	HOUR AM	Month Day Year	7 2	אלינאממון וויסעו	CORNED (EINBI	זטויוו וט שוטיטון	y in ruit 1 of ruit 2,	116(11 10 )			
		nedicol exomin	er) P.M.		1///	4	)						
	NJURY OCCU Not wh of wa	IRRED 21e	PLACE OF INJURY	AT HOME FARM STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Stre	et of R.F.D. No.	City	or Town	County	Sto	ote	
22o.	l certify	that (I) (thi	s hospital) atte	ended the decease	ed fram_	NOUT	r/ 19 C	8. ta	NEW YY, 19	68, tha	t (I) (we	a) last	
9	sow the	deceosed al	ve on	VCK 21 1	9 (a8, a)	nd that in (n	ny) ( <del>con)</del> epin	ion death o	occurred on the do	ote and hour	ond from	m the	
	couses st	ated above	, (I) (we) (did)	(d.d not) view the	body ofter	death.							
22b Sh	GNATURE /	mi	Bon	12/	DEC	ATTEND GREE PHYS		D RECTOR	STAFF 22c 13	DATE 5 GNED 1/22/68			
22d P	HYSICIAN S	37 3 1	1 200 000			22e AD							
N	NAME (Type)	melvi)	n B. Dav:	ıs	M.D	680	0 Morni	ngton 1	Rd. Dundal	k, Md.	2122	2	
230 BURIAI	L, CREMAT O	N, 23b E	ATE	23c NAME OF	CEMETERY O				N (City or Town)	(County)	(Stote)		
BIREMOY	VAL (Specify)		1/25/68	Oak La					Baltimore				
24. FUNERA			127/20	ADDRESS			2So REC'D BY	REGISTRAR	2Sb REGISTRAR S	-			
			22 Wise	Ave. Dunda	lk. M	d.	DATE NOV	2.5 40	368 Jelio	reles you	wife		
- wast	A 72.00	A 1 ),			,		I ANIE LA CIA	HULL		[]	U		

TO FUNERAL DIRECTOR: After this certificate has been signed by the mitending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remoshould be fited with the Stafe Dept of Health prior to burial, crematian, or removal, and in any VR A15 (4) 30M REV 1/68



DEGREE

23c NAME OF CEMETERY OR CREMATORY

SACRED HEART OF MARY

. MC ELFATRICK, M.

GEORGE

Badowski & Sons Eastern Ave

Moral Sadowski 1808 Eastern

23b DATE 11/29/68

PHYS 22e ADDRESS

VAH. FT. HOWARD, MD.

23d LOCATION (City or Town)

DUNDALK, MARYLAND

(County)

(Stote)

director, page 3 shauld be filed v

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MARYLAND STATE DEPARTMENT OF HEALTH

15724

15710

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	TEASED-NAME First (pe or print) SARAH		Middle JANE	E VILLS				2a. DATE OF DEATH NOV. Manth		Day 9	9 1968		HOHR	
3 SE	x emale		4. RACE	Thite		S DATE OF BE				AGE (In year last dirihday)	YRS	IF UNDER IT YEAR MONTHS DA	R JF JINDE	ER 21 HRS
caun	BIRTHPLACE (State or f http://Maryland	1	75. CITIZEN OF WHA		WIDOWED		RCED 🗀	В	NTY OF DI altir	nore				N
	ITY OR TOWN OF DEA	TH	give str	NE OF HOSPITAL OR INS eet address) 8200		nat in haspital zer Roac				ind of work o		INDUSTRY	OF BUSINES	SS OR
13a admi	USUAL RESIDENCE (WIssian) STATELIATS	ere deceas	13b. COUNTBa	n Residence before Itimore	North	r town 1 Point	3d. INSIDE CITY U			T AND NUMBE Bletze		load		
14 F	ATHER'S NAME F	ırst 111	Middle	lost Rugeme:		IS. MOTHER'S MA	VIDEN NAME !			Midd	lle	S	lost Smith	
lóa Y	WAS DECEASED EVER es, may or unknown)		NED FORCES? or or dates al service)	6b SOCIAL SECURITY I		INFORMANT	ills,	Jr.,	8200	Addr Blets				
	PART I. DEATH Y	NAS CAUSED		for (g), (b), and (c)		Oed	usin						POX.MATE INTE EN ONSET AND	
	Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)  A DETAIL THE MELLI TUS							9.	5yrs	اره) د د				
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE					REFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  121-HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2)						CONSIDERED IN CERTIFYING		
MEDICAL CE	21a ACCIDENT WAS OR CONTRIBUTING (1) (If either, natify med	CAUSE OF DEAT	H HOUR A.M ner) P.M.	Month Day Year					at injury i	in Part 1 ar Pi	ort 2, (t	em 18.)		
	21d IN. JRY OCCURR While Not while at work of work			AT HOME FARM, STREET, FAS OFFICE BUILDING, ETC.	1 /	$\odot$			City ar			Caunty		State
	22a. I certify that (1) (this haspital) attended the deceased from 28, 1959, to Nav. 79, 1968, that (1) (we) los saw the deceased alive an No. 1968, and that in (my) (our) engine death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.													
	22b. SIGNATURE	13	Dan	8 7/	DEC	REE PHYS		MED. DIRECTOR		STAFF DHYS.	22c D	ATE SIGNED		
	22d. PHYSICIAN'S NAME (Type)							ıd						
	BUR AL, CREMATION, REMOVAL (Specify)		2/2/68			r crematory emetery			Col	(City or Town)	Md.		(Sto	ře)
24. 1	GAMERAT DIRECTOR TO	eral	Home Dunc	Calle, ADDRESS			25a. RECD	REGIS	STRAR 135	2Sb. REGIS		SIGNATURE	COLUMN TO	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or attending physicion.

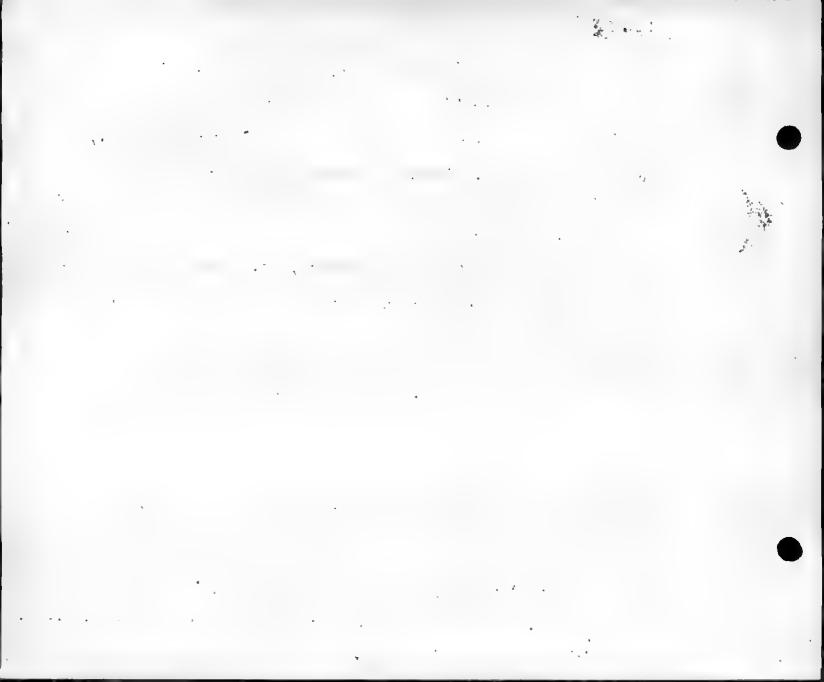
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and letely, filled in by the Foneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove/carbon papers. Pages 1 and 2 3 hould be filled with the State Dept. of Health prior to buriol, cremation, or removal, and incap event, within 72 hours after death. 30M REV 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15725 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last deoth. 2a. DATE OF DEATH 2b HOUR (Type or print) ARTHUR Wil WINDHEIM :00P M 3. SEX 4 RACE IF UNDER ILYEAR 6 AGE (In years WHITE MALE last birthday) 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? completely filled in by 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH NEW JERSEY BALTIMORE COUNTY. U.S.A. WIDOWED TA DIVORCED FT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) PLUMBING SHOP FORT HOWARD 13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 38 STREET AND NUMBER 210 PARKWOOD ROAD odmission) STATE MARYLAND 13b COUNTY DUNDALK YES NO 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost HENRY WINDHEIM OR ATTENDING PHYSICIAN: The low requires that the death certificate be HESS MARGARET TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I 6 D SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I , If yes give war or dates of se vice) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 137 09 93 20 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY RRONCHOPNE BETWEEN ONSET AND DEATH **BRONCHOPNEUMON IA** RECENT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CARCHNOMA OF LUNG WITH METASTASIS Conditions, if any, which gave ) rise to immediate couse (a), 4 may be retained by the hospital or attending physicion. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GENERALIZED ARTERIOSCLEROSIS 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YE TO NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF NJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING TO CAUSE OF DEATH HOUR AM (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (b) (this hospital) attended the deceased fram 11/12/00 sow the deceased alive on 11/20/00 19 ond that in (1990) .... 19 and that in (page (our) opinion death occurred on the date and hour and from the couses stoted above, (\* (we) (did) (discontinuous the body after death. 22b SIGNATURE 22c. DATE SIGNED 11/27/68 OW M.D. DEGREE **ATTENDING** MED DIRECTOR 22d PHYSICIAN S 22e. ADDRESS VAH INFAN A. ORER. M. D. NAME (Type) FORT HOWARD, MARYLAND 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11 30 68 EAST RIDGE LAWN CEMETERY DELAWANNA, NEW JERSEY 24. FUNERAL DIRECTOR JOHNESSEE NUTLEY HOME VR A15 (4) 45M 1/69 Mc Cully WASHINGTON AVE NUTLEY



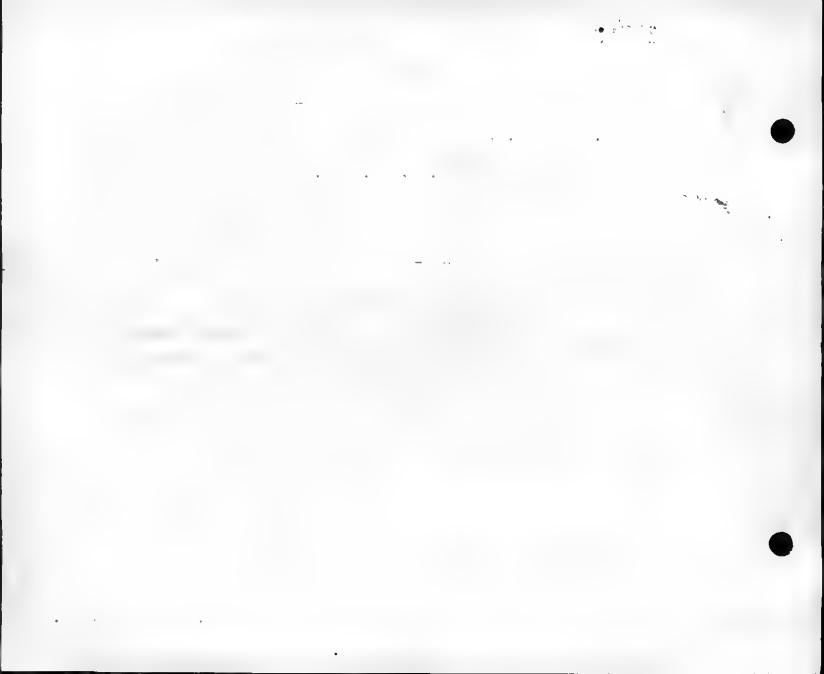
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) WINTERS WILLIAM TACOR -1968 355 pM SF JINDER I YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS. last birthday) male campletely filled in by event, within 72 hau 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) ve carban papers Baltimore County, U.S.A. DIVORCED T WIDOWED X 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) IND Self-employed Store industry re Owner Wilson St. Hosp. Mount Wilson 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c, CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Baltimne Reistriction Main 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Austin Cantes Winters 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war ar dates of service) Mt. Wilson State Hospital be detached far use as the burial-transit permit. Then pl State Dept. af Health prior ta burial, crematian, ar removat, 214 -34- 3183 Records. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
Pulmanu Tubereulous, far outvances, outro ulmonogy DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF has been signed by physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Heart Anteriordenote Dureace attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES THE NO I Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from \( \frac{122}{22} \), \( \frac{1968}{22} \), \( director, page 3 shauld shauld be filed with the 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHY5 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. Wilson, Maryland Mount 23d LOCATION (City or Town) (County) to (State) Reisterstown, Belto., Md. 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, Dec .3,1968 All Sannts Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE DEC 5 Owings Mills, Md.



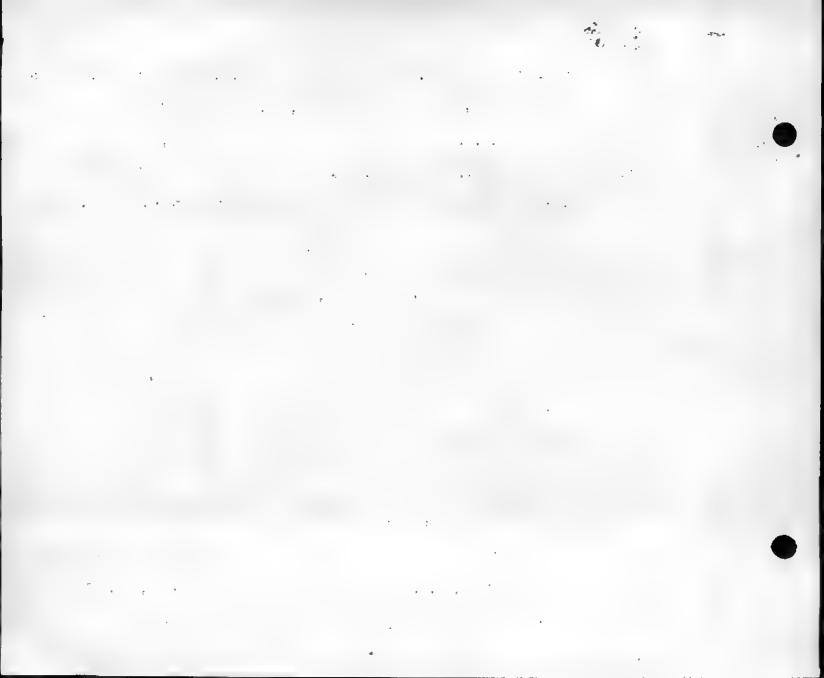
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 24 haurs after death (Type or print) Month // Day Zz Year Alma Edith WOOD 3. SEX. 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) White Female 11-10-1877 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED cauntry) + Baltimore, Missouri U.S.A. WIDOWED 5 DIVORCED [7] 10 CITY OR LOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address)
St. Joseph Hospital during most of working ife, even if retired) Towson 3a. SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER The law requires that the death certificate be executed 136 COUNTY BALTO ddm.ssign) STATE After this certificate has been signed by the attending physicion and cambe detached far use as the burial-trans't permit. Then please remove State Dept. at Health priar to burial, cremation, ar removal, and in any evi Towson NO 😿 204 E. Joppa Rd. 14 FATHERS NAME 15 MOTHERS MAIDEN NAME First Middle Lost CLARA LEON HAYBOCK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) I (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per sine for (a), (b) and (c) ) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cand Lans, if ony, which gave ) rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [[0] 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INSURY OCCURRED (Enter nature of insury in Port 1 ar Part 2, Item 18.) S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If e ther, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY. ) 21f. LOCATION Street or R.F.D. No City or Tawn State While hat white at wark TO FUNERAL DIRECTOR: After th at wark " 22a. I certify that (I) (this haspital) attended the deceased from 1/21, 1966, to 1/22, 1966, that (i) (we) last saw the deceased alive on 1960, and that in (my) (our) opinion death accurred on the date and haur and from the director, page 3 shaufa shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED MED DEGREE 22d PHYSICIAN S 22e ADDRESS NAME (Type) Robert J. Mahon, M.D. 204 E. Joppa Rd., Towson, Md. 21204 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT QN (Cty ar Tawn) (Caunty) (State) REMOVAL (Specify)

24. FUNERAL DIRECTOR BALHMORE 250 REC'D BY REGISTRAR COOK-BROOKS TOWSON. TOWSON. NIC





MARYLAND STATE DEPARTMENT OF HEALTH



15718

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Divice Luneral director, page 3 shauld be detached far use as the burial-transit permit. Then please retrove carbon papers. Peges 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

death.

within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed

Page 4 may be retained by the haspital ar attending physician.

VR A15 30M REV.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	7	Fry	,	ß	,		
	1)	6	9	B	-	9	

		COLUMN I CO	TIE OI DEATH							
1. DECEASED-NAME First	Middle		Lost	2o. DATE OF			2b. HOUR			
(Type or print) Ale	2	inchook		November	23. 196	18 M				
3. SEX				S DATE OF RIPTH A AGE (In years						
Male	White	М	arch 15, 18	394	last birthday)	MONTHS DAYS	HOURS MIN			
7o. BIRTHPLACE (State or foreign country) Russia	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED [	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH Baltimore	9	Md			
10. CITY OR TOWN OF DEATH Edgemere	11. NAME OF HOSPITAL OR IN give street address) 3004 Cedar	STITUTION (If not	in hospital 120, USI	UAL OCCUPATION	(Kind of work done life even if retired) thickness S	12h KIND OF	BLISINESS OF			
130. USUAL RESIDENCE (Where deceor odmission) STATE Maryland	sed lived, if institution; Residence before 13b. COUNTY Baltimore	13c, GTY OR I	OWN 13d. INSIDE CITY	UMITS? 13e. ST	REET AND NUMBER 6 Glenhurs					
14 FATHER'S NAME First	Middle lost Known		MOTHER'S MAIDEN NAME	Not 1	Middle Known		Lost			
160. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give v	MED FORCES? Ver or doles of service)  16b. SOCIAL SECURITY 213-07-41		ormani (Daught s. Helen Za		Address E 3004 Ceda :	Edgemere rcrest A	Md.			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT COI	stoting the underlying couse DUE 10, OR AS A CONTROLLED OF									
196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	ERFORMED	FORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS COLUMN CAUSES OF DEATH?				ERTIFYING			
G OR CONTRIBUTING CAUSE OF DEA	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   19.    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   19.									
While Not while	County	State								
causes stated abave	22a. I certify that (I) (this hospitol) attended the deceased from 11-9, 1968, ta 11-23, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred on the date and from the causes stated abave, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE John.	DEGREE PHYS.   MED. STAFF   11/25/68									
22d. PHYSICIAN'S NAME (Type) John	22d. PHYSICIAN'S NAME (Type) John V. Conway M.D. 22e. ADDRESS 914 "D" St. Sparrows Point, Md. 21219									
	AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  PAL (Specify) 11/27/68 Holy Trinity Cemetery Elky						(Stote) Md.			
24. FUNERAL DIRECTOR John J. Duda, 79	22 Wise Ave. Dunda	lk, Md.	2So. REC'D	BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	edge			

113-26-1 A THE RESERVE ASSESSMENT ASSESSME e e 2 A-25 BBB RS 704 

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15717 15731 CERTIFICATE OF DEATH . DECEASED-NAME 26. HOURTO First Middle Last 2a. DATE OF DEATH deoth. by the funeral (Type or print) Month 24 Day 68 Year W. ZINKHAN 11 PAUL 4:00 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last-bighday) 03-02-1894 MALE CAUCAS IAN 70. BIRTHPLACE (Stote or foreign country) Maryland 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED Baltimore BALTIMORE WIDOWED | DIVORCED [ within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within BALTO MED CENT ouring most of working life, even if retired.) INDUSTRY TOWSON , MARYLAND 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES RD-3.Box 180 Phoenix, Md. Marvland 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Last John Zinkhan Margaret Fager 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) [ [I] yes give war or dates of service] 220-34-6227 J. Wallace Wilson Phoenix, Maryland remova 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERS BETWEEN ONSET AND DEATH HYPERTENSION DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) MYOCARDIAL INFARCTION rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO K O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 1964 to NOV. 24 1968 be retoined causes stated abave, (1) (we)(did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S William Pillsbuty NAME (Type) 1mon own ploods 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23h DATE 23d. LOCATION (City or Tawn) (County) Bull May Specify) 11-27-1968 United Church of Christ Jacksonville, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Towson

Wm. Cook-Brooks Inc. 1050 York Road 21204

DATE NOV 2 7

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